



# *The* JOURNAL *of* PASTORAL CARE

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# *The* JOURNAL of PASTORAL CARE

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# *The* JOURNAL *of* PASTORAL CARE

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## MORAL PROBLEMS IN THE PRACTICE OF MEDICINE

DEAN WILLARD L. SPERRY

*Harvard Divinity School*

THE fact that I as a clergyman have been asked to comment on certain problems within medicine is symptomatic of one of the most significant facts in our life today — the fact that, as in the natural sciences, so in the sciences of man and in the professions, the party walls between fields of specialization are not as high as once they were.

When I began my ministry, I kept bachelor's hall with a well-known surgeon. Occasionally I went his rounds with him. One night he routed me out to go along with him to a hospital. He was giving oxygen to a dying patient. As we came out of the room he said, "She'll be gone before morning." I asked, "What happens to her then?" He replied, "That is your business, not mine. You and I are never in the sick room at the same time. We meet at the doorway. You come in as I go out." That would hardly be said today. Our professions may not coincide, but they do overlap.

May I continue by saying that the standards of the medical profession are, on the whole, higher than those of any of the other professions. I say this without disparagement of the earnestness and the devotion of the members of my own profession. But the separation of church and state

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in America forbids the state doing anything whatsoever to maintain decent minimal standards for the ministry. Whereas the Commonwealth can and does require of physicians an adequate education before they may practice medicine. Not only so, but their own professional ethics, over and above the competence required by law, maintain their usage at a very high level. Take a single instance: A professional man is not supposed to advertise. If the newspapers carried, day by day, medical parallels to the advertisements run by the churches on a Saturday and the publicity which ministers allow themselves on Monday, any doctor who sanctioned such self-advertisement would find himself charged at once with unprofessional conduct. I do not hesitate, in dealing with students in our Divinity School, to call attention to the high ethical standards which prevail in the field of medicine.

Dr. Means has asked me to speak of certain problems which our two professions share together — problems which are more properly moral rather than medical. We shall come to cases a little later on. These problems have no single, simple solution. However, Havelock Ellis once said that the important thing is not to find a man who knows the answer to your problem, but to find a man who knows what the problem is. Were I minded to do so, I could cite problems in the practice of my own profession which are, in principle, substantially those which Dr. Means had in mind in inviting me to speak. I merely ask you to take it for granted that I am not wholly unfamiliar with the type of situation which you face.

When we talk about morals and ethics, we may mean one of two things. The two words mean, linguistically, the same thing — the *mores* or the *ethos* of a society; that is, the mean high-water mark of accepted manners in a given society. Thus a recent *Handbook of Psychiatry* (Overholser and Richmond) says, "conscience is not something that is born in the individual, but something that is acquired from the practices, the beliefs, the attitudes and the customs of the group with which the individual identifies himself. For the average individual his conscience is the crystallized attitude of his group." This is a purely naturalistic, sociological account of morals. It makes large room for relativity in the whole field of ethics, and for those changes in moral standards of which all of us are aware.

On the other hand there are persons, and these in the main professedly religious persons, who are not content to define and dismiss morality as a matter of social custom. Such persons feel that the distinction between right and wrong, in whatever terms these two words may be defined, has about it a certain absolute quality. Thomas Carlyle says that the greatest moment in modern European history was that when a lonely man stood before a hostile court and said, "It is dangerous to sin against conscience." Most of us have had moments in which we were aware of that danger. In the ancient Wisdom Literature of Israel there is a verse in which God says, "Thou has not as it were forsaken me, thou hast

forsaken thyself." To "forsake oneself" is a serious business; the process may eventually become suicidal for character.

Therefore, I commend to you another account<sup>1</sup> of morals by Father George Tyrrell, "The rock of irresistible reality is conscience — the sense of right and its absolute claims. No analysis, no explaining away can permanently destroy this faith or lay the ghost. Only conscience can say, 'Thou shalt have no other gods before me; thou shalt not bow down to them or worship them, for I the Lord thy God am a jealous God.'"

The sciences of man can prove beyond all contradiction the relativity of moral judgments at any given place and time. A practice which yesterday was declared to be permissible, if not right, is today declared to be forbidden and wrong. Polygamy and human slavery are two historic instances of this proposition. The prodigal varieties of moral judgment and the fact, which each one of us has verified in his own experience, that conscience is educable, inclines the sociologist to regard the whole matter as one of ethical relativity. But the religious man cannot abandon altogether his conviction that, whatever its particular pronouncement at any given moment, the principle of conscience has an absolute warrant. No rationalization can explain, much less explain away, this conviction which has its origins in the belief that the life of man is lived in touch with an "Infinite Mystery" and that our attempts to distinguish between right and wrong have their ultimate origins in the nature of "The Eternal Goodness." The process of ethical culture still goes on, but the quality of an ethical conviction remains constant.

To come more closely to our immediate subject: the actual moral choices which we have to make in this world are seldom between black and white; they are between shades of gray. One of my friends, who taught the undergraduate classes in ethics at Yale, used to say that once we have chosen the lighter shade of gray, we must then, for all practical purposes, go ahead on the assumption that it becomes for us a clear white.

The narrator in Conrad's *Lord Jim* says of his tragic hero that, given his dilemma, there was only a hair's breadth, only the thickness of a sheet of paper, between right and wrong. Once again all of us have had experience of this narrow margin between our moral options.

The most serious and by far the most difficult moral decisions we have to make are those which involve two rival loyalties, each of which is wholly good on its own premises, but which cannot be easily squared. I cited you a moment ago Father George Tyrrell. There is in his autobiography<sup>2</sup> a poignant passage which harks back to just such a collision of loyalties in his own early life. He felt a call to the religious life and had decided to join a monastic order. But his decision meant abandoning to their own fate a needy mother and sister who, humanly speaking, had

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<sup>1</sup> George Tyrrell, *Essays on Faith and Immortality* (Longmans, Green, N. Y., 1914) p. 3ff.

<sup>2</sup> *Autobiography and Life of George Tyrrell*, arr. by M. D. Petrey (Edwin Arnold, London, 1912), pp. 141-2.



simple human claims upon him. Looking back on his decision he said years later, "Well I remember my last day at home, my last day with those two now hid in death's dateless night, who were my share of the world, the best this life has had for me — whom I forsook for what? in the name of all that is sane and reasonable? For a craze, an idea, a fanaticism? Or for the love of and zeal for the truth, the Kingdom of God, the good of mankind. Had I been faithful to my duty all along, had I stayed at home and supported my mother and sister and made their sad narrow lives a little wider and brighter, would not God have given me light needful for my salvation? Have I done so much good to others who had no claim on me to atone for my neglect of those who had every claim? What have I given up or forsaken for the service of God, as I suppose some would call it, except my plain duty? These are the pleasant doubts that fill my mind in the spare moments, and make me say, Surely I have lived in vain."

In his *Oxford Lectures on Poetry*, A. C. Bradley has an essay on "Hegel's Theory of Tragedy." He points out that tragedy is never a matter of a conflict between good and evil. Such a conflict is forthright and never tragic. The essence of tragedy is, as we have said, a matter of a collision of two loyalties, each of which is wholly good on its own ground. "The essentially tragic fact is the self-division and intestinal warfare of the ethical substance, not so much the war of good with evil as the war of good with good. . . . The family claims what the state refuses, love requires what honor forbids. The competing forces are both in themselves rightful, and so far the claim of each is equally justified, but the right of each is pushed into a wrong because it ignores the right of the other."

Professor Bradley illustrates this thesis at great length from the great Greek tragedies and from those of Shakespeare. Clytemnestra has killed her husband and her king. Orestes, her son, is ordered by Apollo to avenge his father, but to kill one's mother is itself a sin against filial piety. The bond of father and son demands that which the bond of son and mother forbids.

Richard Lovelace, on going to the wars, says to his *Lucasta*:

Yet this inconstancy is such  
As you shall too adore;  
I could not love thee, dear, so much,  
Loved I not honour more.

This was Othello's tragedy: his passionate love of Desdemona and his duty to his honour were at the final fatal moment incompatible, so he "put out the light."

The essence of tragedy, then, is not pain or suffering. The essence of tragedy is waste. We are confronted again and again with what William James has called "a forced, momentous option". This option cannot be avoided; a choice must be made, but when it is made something good in itself is inevitably lost.

In this analysis of our moral problems we come here to an area of life where crude rules of thumb, which serve the hum-drum needs of every day, are of little help. We must go to art, and perhaps to religion, to understand the nature of our dilemma and to find there some element of resignation and reconciliation.

To come to still closer grips with our problem let me take two or three instances of the tragic dilemma with which we are only too familiar. At these points the professions of medicine and the ministry constantly overlap. Please understand that what I may say hereafter provides no dogmatic resolution of the tragic dilemma. I offer merely my own reflections upon situations which, over the years, I have shared with you. For there are times when a patient asks a priest or minister or rabbi questions which he shrinks from asking his doctor.

## I.

### What About Telling the Patient the Truth?

This issue was, you may remember, one which was vigorously debated here in these very circles some years ago, when a gallantly and remorselessly sincere man urged truth-telling at all costs.

One might dodge the issue by asking in turn, with Pilate of old, "What is truth?" Bacon said that Pilate was merely a jester, who would not wait for an answer. My observation is that many wise physicians and surgeons are cautious about claiming finality for their diagnoses and prognoses. In the order of nature there are run-of-the-mill diseases which, humanly speaking, must apparently go their normal course to the end. It is a matter of common knowledge that the faith-healing sects in this country have made much of their capital out of hasty and erroneous diagnoses. Some would-be truth teller, who misinterpreted the facts, has dismissed them, perhaps to the ministry of devout believers, but certainly to the *vis medicatrix naturae*. This, however, is more immediately your problem than mine. Furthermore, as one of you said to me not long ago, we never know when some new treatment and possible cure may come suddenly around a corner. Years ago a little daughter of Dean Inge of St. Paul's and a son of L. P. Jacks were taken to London hospitals in the last stages of diabetes to await the first insulin that was being flown to England from Canada. The girl, alas, died; the lad lived to get his insulin and still lives happily.

But when there is reasonable assurance as to diagnosis and prognosis, what are the doctor, and the minister who shares the doctor's opinion, to do?

Much, perhaps all, depends on a patient's temperament and mental state at the time. Resolute natures, in full possession of their wits, usually want to know what we think and expect, and are able to "take it." I see no reason or warrant for withholding what we believe to be the truth from such a person. I have already mentioned a Yale professor.



He had an obscure illness and died untimely, after going the rounds of specialists in both New York and Boston. He was a man of quick intellect and good courage. He once said to me, in a mood of discouragement and temporary bitterness, "I no longer believe anything that any doctor says to me. They have all lied to me so consistently that I have lost all faith in them." This was a bit of deliberate overstatement on his part, and he knew it for such, but I think he meant that he was tired of being cheered up by a too facile optimism, or dismissed with deliberate perplexity.

On the other hand, many persons do not even ask themselves how ill they are, let alone asking any one else. They prefer to take what comes, as it comes. The reticence of such persons should be respected. There is no occasion and no moral obligation to intrude the supposed truth upon such minds. To do so would be a bit of gratuitous cruelty. And all of us know that there is a point in the course of an illness at which nature herself mercifully dulls the mind and its power of grasping ideas begins to relax. In his Ingersoll Lecture on the Immortality of Man, given at Harvard some years ago, William Osler said that most people die as they were born, unconscious of what is happening. Doctors know this well. I have to tell my divinity students that this is so, and that at these times they are not to ask or expect anything like quick mental response to their ministry to the sick. Those are not the occasions to carry on a prolonged discussion as to an after-life.

In short this whole question of truth-telling seems to me to depend upon the temperament and the mental state of a patient. No single categorical rule can be laid down; we have to trust our instinctive knowledge of human beings and be guided accordingly.

## II.

### **The Prolongation of Life and Euthanasia**

As to the first of these questions there would seem to be little question. There is a point beyond which the mere artificial prolongation of the life of a body which seems marked for death is not merely useless, but would seem to be even an unkindness. One might even defend the thesis that it is a perverted conception of goodness and of ethics. When Shakespeare says, "She should have died hereafter", he meant, not that her death was premature, but rather that she was going to die sometime and in any case. When we are actually in sight of that time, it would seem to be right to accept the fact. I have never come across on the part of the laity any difference of opinion as to the medical conduct of a case once this situation is accepted.

The question of euthanasia is more difficult. There is, as you know, much vocal medical opinion in its favor in England. And the matter is often discussed privately here. It is an open question. As to the act itself, many a suffering person has begged for it, many kinsfolk have been



willing to accept it, and I suspect that many a doctor has been sorely tempted at this point. I have a friend who, with the connivance of her doctor, gave her husband, who was suffering from a cruelly painful and fatal disease, a heavy overdose of morphine. She said she had no scruples about doing so and had never had a single regret. *You* must know far more such than I know. She was either more resolute or more fortunate than most human beings. A few years ago I watched my Scotch terrier being put away. He was old and blind and sick. But even so I didn't like it. It seemed to me that the veterinary and I were taking a great responsibility and one perhaps to which we were not morally entitled. How much more so in the case of a human life.

If euthanasia were ever to be legalized, no single medical man could be or should be empowered to make such a decision alone. A panel of doctors would probably have to be set up by the state to make any such decision. Public medicine of any kind raises all sorts of valid questions. It is not easy to foresee a panel of state officials charged with this task, nor is it easy to envisage the doctor who would accept this responsibility as the major, if not the sole, form in which he practised his profession. Whatever the warrant of a given emergency may be, the legal validation of euthanasia would seem to cut against the whole basis and practice of medicine. I suppose that none of us is 100 percent psychologically sound, and one wonders what perversions might creep into the practice of euthanasia.

Albert Schweitzer, who is a physician as well as a minister, and who has done such splendid work at Lambarene in West Africa, says of himself that journeying up river from the coast to his hospital on one occasion he was searching for some basic, ethical principle. "Slowly we kept upstream, laboriously feeling for channels between the sand banks. Lost in thought I struggled to find the elementary and universal conception of the ethical which I had not discovered in any philosophy. Sheet after sheet I covered with disconnected sentences. Late on the third day at the very moment we were making our way through a herd of hippopotamuses, there flashed upon my mind, unforeseen and unsought, the phrase 'Reverence for life'. For all life." His autobiography has many striking instances of his subsequent application of that principle.

This is, after all, the ethical basis of the practice of your profession as of my profession. If we forfeit that reverence, we have slipped our moral moorings. And if in practice we violate that principle, we should know that we are doing so and take the responsibility for so doing. Over again, "Ye have not as it were forsaken me, but your own selves." To forsake one's own self is an act which leaves its scars on the mind. Personally, I should question the wisdom of medicine accepting as a principle, and the state legalizing in practice, acts of euthanasia. Such a *volte face* in the whole conception of the aim of the profession would impair the conscious integrity of its members and would introduce in place of an accepted principle — which, if it is ever to be violated, should

be violated soberly and wittingly — a state of ethical perplexity and painful indecision in which each case must be decided on its own merits. The effect on the public would be almost disastrous, since it would introduce into these relationships a sense of insecurity and apprehension, rather than confidence and assurance. If a doctor or a minister has never had, or having had has lost, his reverence for life and his feeling for the sacredness of life, he lacks that which in theory his profession presupposes. Unless we are to revise radically our conception of our common task, it is not our business to take life, only to try to save it.

### III.

#### **The Rival Claims of Competing Individuals, or of the Concrete Individual and Society in the Abstract**

We come, finally, to the specific type of problem which Dr. Means proposed to me. Here is a woman apparently dying of an inoperable and incurable cancer of the stomach. She is being kept alive by blood transfusions, but the blood which she needs comes from the rarest type, of which the blood bank has only a limited supply. The transfusions cannot save her. Is it not foolish, perhaps even wrong, to waste this precious blood on her? Ought it not to be kept for some later patient who may be helped by it, whose life perhaps may actually be saved by it? Or here is a man in the iron lung, who could not live an hour outside it, yet may live half a lifetime in it, to the exclusion of some one else who might be got around a bad corner and in due time dismissed. Ought he to be allowed his monopoly of this mechanism?

These are difficult, even heart breaking questions. Either way the choice is a genuinely tragic one. I do not know that I have any wisdom as to their answers. I can only fall back on general principles.

There are two terms that have been much to the front in recent years. They represent what are called social trends. One is the word "depersonalization", and the other the words "mass man." Both terms represent tendencies, particularly on the part of the state, to depreciate the value of the single individual in favor of the group as a whole. These trends have found their fullest expression in those countries where totalitarianism has been, or still is, the order of the day. In such societies the individual is of value only as a member of the mass, and is always regarded as expendable.

Our own country has just now fought two World Wars in defense of the general idea of liberty and the rights of the individual. His liberties have had to be circumscribed in war time, and now that the fighting is for the moment over, we are left with lives that are much less free, as far as our private affairs are concerned, than they were forty years ago. It could not have been otherwise, perhaps, yet this steadily narrowing area in which anything like actual liberty and private initiative remain is one of the paradoxes of these years.



There is abroad a tendency to treat this doctrine of mass man as though it were a late discovery, the mature achievement of complex modern societies. I venture to point out that, on the whole, it is the oldest of all our social theories. It was the appraisal of life current in all primitive societies. The individual mattered only as a member of the tribe, and all the tribal rites looked to his initiation into the tribe and his subsequent identification with it. This was true of the religion of the early Israelites. The single individual had no independent worth either in his own eyes, or for his fellows or even to Jehovah. The doctrine of the worth and moral independence of the individual emerges only with the prophet Ezekiel after the return from the exile. This lead is taken up and matured in Christianity, which holds that "not a sparrow falls to the ground without your Father." However difficult the doctrine may be to understand and defend, such is the doctrine of later Judaism and Christianity — both have traditionally believed in the value of the individual. Our social institutions come into being to express him and to defend him. "The Sabbath was made for man, not man for the Sabbath."

This appraisal of the facts was, also, the premise of all modern democracies, our own in particular. The case has never been theoretically proved beyond all contradiction, or vindicated in the total practice of any society. It remains, in many respects, a bold ideal. But unless we repudiate our hereditary faith, both religious and political, it is still our ideal and its denial would mean a radical change in the whole temper of our life.

The drift of the times, in the worlds of finance and industry, and in military policy, seems to be in the direction of the dogma of mass man. At their hands the individual is inevitably more or less depersonalized. Perhaps it cannot be otherwise, given the numbers of human beings involved and the complexity of most modern issues.

In any case it is left largely to two groups of professional persons, the doctor and the minister, to vindicate a working faith in the value of the individual. Any lack of that faith on our part is tantamount to desertion of an ideal outpost which we have held in behalf of what we believed to be a valid cause.

The first social settlement house in the English speaking world, Toynbee Hall in East London, was presided over by a quiet little Anglican clergyman, Samuel Barnett. In her biography of her husband Mrs. Barnett says that any number of persons used to come down for a day from the West End of London to its dreary East End, with large blue-print plans for the redemption of those drab slums. They aired their plans, spent a pleasant evening with the warden and went away. Mrs. Barnett says that her husband came to the conclusion that the only permanent good ever done in the East End of London was done by those "who were willing to take time and trouble with individuals," and that this verdict upon the fact became his own rule of life.

A man who goes into the practice of medicine or of the ministry ought

to enter his profession with that conviction and ought to do his best to vindicate it. There is a place in society for the man who wishes to devote his life to the general and all-over cause of public health. There is a place in the religious world for a man who feels he should sign on with one or another of the great reform movements of the time. The work of these men is necessary and their contribution to society may be very great. But the practicing doctor and the parish minister are primarily concerned with individual human beings. The moment either begins to sacrifice his concern for the individual to some other hypothetical person, or to society in the abstract, he has mistaken his vocation.

He may justify his decision to himself on the grounds of a higher or broader loyalty, but he will have failed his cause at a point which it is more and more difficult to hold in the modern world. If he ceases taking time and trouble with a given individual on the ground that he can thus be of greater service to some one else, he impairs to this extent the confidence of the community in himself and his profession. Once a man accepts the ministry of a parish, he is under bonds to take time and trouble with the individuals who comprise it. Most of the failures which I know of in my own profession have been due to a neglect of that premise. If my analogy is valid, I should suppose that once a doctor and a hospital have accepted a patient they are under bonds to see the patient through.

I would agree that this may involve what will often seem a waste of precious time to no permanent good. But there is something more at stake here than the welfare of the single patient; there is also the confidence of the community in the integrity and single-mindedness of the profession itself. If that confidence is impaired, not merely the good name but the actual effectiveness of the profession suffers in consequence.

These are tragic choices. And as Bradley says the essence of tragedy is the fact of waste which it involves. To know them as tragic and to feel their tragedy is perhaps half the battle at the outset. If a man cannot feel these tragedies in medicine and in the ministry, there is something wrong with him. If he is a sensitive man, he will feel them more deeply as the years go on. He will always make his decisions reluctantly and with pain of heart, if not perplexity of mind. But he is the defender in church and state of certain basic principles of our society which he cannot forfeit without radically revising the premises of his profession and to this extent impairing the whole tradition to which he belongs.

I have not resolved Dr. Means' problems. But I have tried to point out what some of the issues are. In so far as I have any answers they are, briefly:

1. Tell the truth, but "tell the truth in love", and telling the truth in love may often mean silence rather than some hastily spoken word.
2. Maintain at all times a sense of the sacredness of life.
3. Be willing to take time and trouble with individuals at the expense of that abstraction known as mass man.



# THE PREACHING AND COUNSELING FUNCTIONS OF THE MINISTER

PROF. EARL H. FURGESON

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**"SKILL** in counseling is necessary for effective pastoral work."<sup>1</sup> This is the conviction expressed by 87% of the laymen interviewed by Dr. Murray Leiffer in his study of the attitudes of Methodist laymen toward their ministers. A growing number among the preachers find themselves in agreement with the laymen, and some go so far as to choose counseling in preference to preaching as their field of specialization. It would be a misfortune, however, if either laymen or preachers were to conclude that counseling is a substitute for preaching, or preaching for counseling. In an effective ministry the two go together. While Dr. Harry Emerson Fosdick was minister of the First Presbyterian Church in New York City, his stated responsibility was confined to preaching, but desiring more intimate contacts with his people he announced definite hours for conferences. His first day's experience would have justified a quick retreat to his stated responsibility, had he been willing to do so, for on the first day he was confronted with a case of threatened suicide while fourteen other persons waited their turns for interviews. The complexity of the problems, however, did not cause him to repent of his decision. In his ministry preaching and counseling developed an early attraction which grew into a permanent and productive union.

The vast size of the assignment is not the only cause of bewilderment for the minister who wishes to accept his full responsibility as both preacher and counselor. Perhaps the most bewildering handicap, in the beginning at least, is that the minister who carries out both these responsibilities seems required to play a double role the two parts of which appear incompatible. As preacher, he must have an ethical preference which leads him to speak the truth boldly, to denounce evil, and to proclaim judgment for the sake of bringing sinners to conviction and repentance. As counselor, he must genuinely accept the sinner and studiously refrain from passing judgment upon him. As a preacher, he must be positive and preach for a verdict; as a counselor he must keep his convictions to himself. The requirement of the pulpit is that the preacher have an authoritative knowledge of the subjects or problems on which he preaches, that he assault the reason and intelligence of the listener with truth, facts, and persuasive argument. The requirement of

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<sup>1</sup> Murray Leiffer, *The Layman Looks at the Minister* (Abingdon), pp. 62-3.

the counseling room, however, is that the preacher take off his spurs and put his boots in the closet. As a counselor he will pay less attention to problems than to people, and he will resist with all firmness the temptation to indulge in an intellectual discussion of the problem in the course of the counseling interview.<sup>2</sup> The preacher must know his subject; the counselor must know his client.

Are these functions then incompatible? Do they, taken together, require a man to be Dr. Jekyll and Mr. Hyde, subjecting the healer of souls to the hazards of a split personality for himself; or do these two functions supplement one another in such a way that the requirements of the counseling room enrich the work of the pulpit and vice versa?

## II.

First, let us be under no illusions about the requirement for preaching. It is not merely a Methodist prejudice that the minister ought to preach for a verdict. People do not come to church to behold a well-oiled weathercock responding obediently to all the winds that blow without exercising influence upon any; they come to see whether the man before them has found any truth from God and whether he can communicate it. If there are any wearers of the cloth who believe it is their main mission to show people how they can serve God without giving offense to the devil, it can only be said of them that they have misinterpreted their call. *Ars gratia artis* may, as a principle, have some application to the other arts but it is poorly applied to the art of preaching. Oscar Wilde might contend, with some questionable plausibility, that "no artist has ethical sympathies. An ethical sympathy in an artist is an unpardonable mannerism of style." But he was not formulating a principle which it would be possible for any preacher to follow.

Ethical convictions are the breath and blood, the bone and sinew of preaching. There is no preaching in any significant sense of the word without ethical convictions. The preacher must know the enemies of the soul by name and be willing to call them to the bar of judgment for the sake of exposing their ugly faces before the people. The demons of Jealousy, Hatred, Egoism, and the lesser orders in the hierarchy of Hell ought to be made uncomfortable by what happens in the pulpit on Sunday morning. The preacher must know the difference between darkness and light. Wide areas of contemporary preaching would rise from the dead if ministers could develop some well-defined ideas of what things are sinful instead of conveying with extreme unction that they are against Sin in general. Dynamic preaching does not exist apart from precise

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<sup>2</sup> Exponents of "directive" counseling will object to this point of view. While the writer would acknowledge that in the total range of pastoral counseling there is undoubtedly a place for "counseling" on the intellectual level, he would have to acknowledge that this essay is written within the frame of reference of the "non-directive" approach which, in his opinion, is better suited to the treatment of emotional problems on the non-intellectual level.



ethical conceptions persuasively presented, and the preacher's impregnable pulpit armor is a close knowledge of the enemies that destroy and the virtues that defend the life of the soul.

The counseling room, however, seems to stand at variance with the pulpit in respect to the matter of ethical passion. The first requirement of counseling is that "the counselor must genuinely accept the client as an individual who has the right to be the way he is, or to change to any other type of personality he may desire."<sup>3</sup> This rule holds even when the client through his confessions reveals himself to be psychologically immature or morally unconventional or antisocial.<sup>4</sup> Therapy does not come through the counselor's attacking or exposing the ethical deficiencies of the client's behavior, but through the establishing of a permissive relationship in which the client may express any attitude he wishes to express without the counselor's doing "anything which would imply that he is evaluating the client's attitudes or behavior in terms of the counselor's own values."<sup>5</sup> The warning first given to beginning counselors is that they must be prepared to listen to accounts of the most depraved kinds of conduct and that they must be shockproof in the presence of any situation however shocking. The natural reaction on the part of those addicted to the homiletical treatment of problems is, "You don't mean to tell me that I have to condone that!" Here, for example, is a father who comes to his clergyman confessing that he contemplates getting a divorce. The clergyman, recalling the words of the Bible and the teaching of the Church warns the man that divorce is a sin, and strongly urges him, under pain of ecclesiastical punishment, not to seek it. This man, for he was not a fictitious character, then solved his problem by violence; he killed his wife and two children and committed suicide.

It is not easy for preachers to admit that problem people have a right to be the way they are. When Dr. Benjamin Karpman, chief psychotherapist at St. Elizabeth's Hospital, Washington, D. C., published a volume of medical case studies, *The Alcoholic Woman*, a religious worker in the Volunteers of America was so profoundly shocked he demanded the suppression of the book. He described it as "the filthiest, most obscene, pornographic, libidinous and licentious piece of trash that ever polluted the reading public."<sup>6</sup> His ethical sensitivities would obviously not have made him a good counselor, though many would say he was a typical preacher.

Are the preaching and counseling attitudes therefore incompatible and contradictory? Or is the conflict more apparent than real? We shall approach an answer if we recognize that the rule requiring the counselor genuinely to accept the client is not incompatible with the counselor's

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<sup>3</sup> William Snyder, *Casebook of Non-Directive Counseling* (Houghton), p. 3.

<sup>4</sup> Cf. Carl Rogers, *Counseling and Psychotherapy*, (Houghton), p. 327.

<sup>5</sup> Snyder, op. cit.

<sup>6</sup> *Washington Post*, Nov. 13, 1948.

having his own ethical convictions. To accept the client does not mean to condone his conduct. To admit that the client has a right to be the way he is, is not to admit that the conduct caused by his personality sickness is right. To accept the client and give him the uncensored right to express himself as he is means only that the counselor is willing to provide an atmosphere of sympathy and support in which the client can better understand himself and perhaps work through to a higher level of integration. It needs hardly to be pointed out that extending sympathy and support to a person in a state of moral and psychological confusion is not the same thing as putting the stamp of personal approval on the confusion.

Moreover, sympathy and support for people in difficulty ought to be the characteristic mark of all that a minister does, whether in the counseling room, in the pulpit, or in the parish. In the pulpit the preacher speaks the truth, but the Scriptural injunction is that he speak the truth *in love*. The requirements of the counseling relationship are such as to keep constantly before the preacher the requirement of preaching the truth in the spirit of Scripture. The preacher may hate sin, but as has been so often said, his preaching ought not to reveal a hatred of the sinner.

The firmness of the preacher's ethical convictions and the importance of prophetic preaching will not mislead the preacher into supposing that mere denunciation is the appropriate homiletical attitude. "The best way of casting out an impure affection," said Thomas Chalmers, "is to admit a pure one; and by the love of what is good, to expel the love of what is evil." Pulpit power and persuasiveness are the rare gifts reserved for those preachers who, like Thomas Chalmers, have had an insight into "the impotency of all moral declamation," and have learned that "the Son of Man came not into the world to condemn the world but that the world through him might be saved." Condemnation, declamation, denunciation, no matter how righteous the principles defended, are never sufficient to bring preaching to the full height of its power. To this ethical passion must be added sympathy and a genuine love of people. In other words, the preacher needs for the perfecting of the preaching art an unshakable love of people and an active outgoing sympathy, which are the characteristic marks of a good counselor. The counseling function, therefore, supplements the preaching function and provides for the latter the enforcements of sympathy and love of people which are the natural supports of the preaching art.

### III.

Does preaching, on the other hand, have anything to contribute to counseling? If the preacher is an ethical and religious teacher who is motivated by understanding and sympathy for people, the answer to this question will be affirmative. The first and most obvious consequence to come from such preaching is an awareness on the part of the listener that here is a man who can be approached with a problem and entrusted with a confession. The final test of a sermon's worth, says Fosdick, is:



"How many individuals wish to see the preacher alone?" In the average congregation there will be many individuals who will need to see the preacher alone and many of them will want to, but whether they ever cross the threshold of his office will depend upon the preacher and the attitudes he exhibits in the pulpit.

Ministers frequently inquire how they can commence a counseling program in their parishes. Shall they advertise their availability and actively seek clients? Assuming that the minister himself is qualified in both the theoretical and practical aspects of the work, perhaps the best answer to the question is the recognition that his own preaching ministry will be his best advertisement. In his sermons he will reveal the breadth of his sympathy and the depth of his understanding and this revelation will determine whether the reaction to him as a person is affirmative or negative. The first contribution of preaching to counseling then is the service which preaching performs in opening the door of the counseling room for those who need to enter.

A second contribution is somewhat more theoretical, but it is equally important. Briefly stated, the point here is that preaching, by establishing a normative frame of reference in matters of personal attitudes and conduct and by insisting upon ethical values, provides an essential part in the total structure of the therapeutic relationship. The underlying assumption of therapy in the non-directive relationship is that the client possesses within himself the necessary resources for attaining a higher level of integration. The question of how he comes to be in possession of these resources, especially if the counselor refrains from giving any directions to the client, is a question which certain critics have pressed against the non-directive school. The non-directive counselor is able to answer that some of these resources, like mind's natural tendency to organize and unify its own experience, are given and inherent in the original structure of personality. Among these resources, however, there is one element which is not original but acquired, namely, a belief, either conscious or unconscious, on the part of the client in a better way of behavior than the false pattern which has gotten him into difficulty and brought him into serious conflict with himself or his environment. In the absence of this normative belief in a better way, the client is psychologically ill-adapted to therapeutic improvement by non-directive means, perhaps by any means. Arnold W. Green, criticising the limitations of non-directive therapy writes as follows:

What is important is this: the cases Rogers and Taft could not reach were not suffering a moral conflict. Juvenile delinquents make poor clients . . . because . . . many of them never develop a set of moral norms that are in conflict with the behavior that brings them before the judge, social worker, and therapist.<sup>7</sup>

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<sup>7</sup> Arnold W. Green, "Social Values and Psychotherapy." *Journal of Personality*, XIV, pp. 210-16. Duke University Press.

David M. Levy found that psychotherapy failed with "overprotective mothers," because their evaluation of themselves was not that they were selfish and unwise, but loving and self-sacrificing, "a role protected from critical examination in modern society by so much sanctified bathos that these women, some of whom were intelligent and well-educated, could persist without qualm in continuing to make neurotics out of their own children."<sup>8</sup> These examples of immoral behavior accompanied by no consciousness of conflict prove, if any proof were needed, that a kind of integration is possible even on low levels.

The possibility of an integrative adjustment worked out without respect to ethical requirements is pure poison to every preacher, but it has been welcomed by some psychoanalysts as a liberating opportunity because it permits the analyst to work in an a-moral atmosphere outside the boundaries of good and evil. As one such analyst has expressed it, "The amoral evolutionary psychologists have no absolute or eternal rules of right or wrong about anything."<sup>9</sup> The consequence of this is a relativism which no preacher could endorse and which some psychoanalysts are beginning to mistrust. Dr. Erich Fromm, for example, writes with particular relevance that

While psychoanalysis has tremendously increased our knowledge of man, it has not increased our knowledge of how man ought to live and what he ought to do. Its main function has been that of . . . demonstrating that value judgments and ethical norms are the rationalized expressions of irrational . . . desires and fears. . . . Psychoanalysis, in an attempt to establish psychology as a natural science, made the mistake of divorcing psychology from problems of philosophy and ethics.<sup>10</sup>

The minister's counseling cannot take place within this narrow, non-ethical, morally neutral frame of reference. It must proceed against the background of the religious conviction that there is a moral order to which the life of man must be adjusted. The critic may find it unfortunate that the "client-centered therapy . . . is designed to meet the needs of only a segment of the population (since) not only must the client be suffering a moral conflict, but that conflict must be relatively benign."<sup>11</sup> The minister, however, will regard this as no misfortune. If it means that the preacher's clients "are carefully culled," it probably means also that these clients can be more significantly helped. (The preacher's clients will be a selected group in any event, for he is not qualified from the point of view of time or training to undertake the treatment of psychotic cases or cases of character neurosis on the deeper levels.) The more

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<sup>8</sup> Quoted by Arnold W. Green, loc. cit.

<sup>9</sup> T. Schroeder, "Attitude of One Amoral Psychologist." *The Psychoanalytic Review*, XXXI, No. 3, pp. 329-35.

<sup>10</sup> Erich Fromm, *Man For Himself* (Rinehart), p. 6. This volume is a welcome contribution toward a correction of the error mentioned.

<sup>11</sup> Arnold W. Greene, loc. cit.



significant help which he can give to those who are able to receive it will be characterized by an integration at the moral level where ethics, psychology, and theology are congruent and compatible rather than unrelated and contradictory. In any coherent view of life there is no separation or conflict between these areas of experience; good psychology is also good theology, and if one is at odds with the other then one or the other needs revision. In a coherent view preaching becomes not only supplementary to counseling but indispensable to it. Preaching elucidates those objectively valid moral patterns to which all of life must be adjusted and provides that background of ethical conviction which the client does not find in the counseling relationship but which he must bring to it. There is no serious limitation upon ministerial counseling in the fact that, because of its ethical grounding, this type of counseling attracts into the minister's orbit only those so-called "benign" cases of moral conflict. Undoubtedly, juvenile delinquents and misguided over-indulgent mothers would be farther along the way to wholesome integration if they possessed a rational moral conscience to censure their irrational behavior. In the absence of such rational moral standards, how could they be helped by any therapy?

Now, if these standards are an essential element in the therapeutic situation, and if they are not inherited but are acquired, then the relation of preaching to therapy becomes obvious, for preaching is essentially ethical education. One of its aims is to elucidate the ethical patterns of individual and collective behavior. The preacher is, at his best, a wise ethical teacher.

If ethical preaching intensifies the conflicts of listeners who are maladjusted, in so doing it performs the service of motivating the listener to seek consultation by holding up a mirror to his inadequacies. The notion that preaching exists for the sake of creating a crisis where none exists is a true description of one of its purposes. Conviction of sin has been the consequence of preaching in its vital periods, and while no counselor would wish to see a return to the emotionalized condemnations of revival preaching, any counselor might covet the assistance which could be brought by a wise teacher in the pulpit who had accurate and specific knowledge of the true enemies of the soul. In the absence of such teaching the selfish man remains selfish, the godless man remains godless, and the maladjusted continue at a low level of integration because experience has not yet offered a rebuke to their sins. Experience will, in the slow grinding of cause and effect, exact her penalties and compel the maladjusted man to face his sins, but this process may conceivably be accelerated through a type of preaching which lays future consequences before the mind as if they were present realities and compels the mind to face them.

In this anticipatory role preaching renders to counseling a further service of prevention. It may bring to a head a conflict which is yet in the incipient stage, or it may direct the listener's attention to a contradictory

situation which has not yet assumed conflict proportions but which will do so if let alone because of its own inherent pathology.

#### IV.

The preaching and counseling functions, therefore, are not incompatible, but complementary; and when they can suitably be carried on by the same man, he will find that one fortifies the other. The requirements of counseling will make the preacher a sympathetic friend to whom people will want to come, for no other type of person satisfies the requirements of counseling. On the other hand, an ethical passion, which is the life of preaching, will not only contribute a normative insight essential to a higher level of integration in the client, but this same ethical passion wisely manifested in preaching will perform a positive work in the way of prevention. Preaching and counseling go together; they are complementary parts of a single pattern. They do not stand apart as hostile functions, but blend with a necessary mutual compatibility.

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#### AVAILABLE MATERIAL

The following items will be sent without charge to all persons or organizations holding memberships in the Institute of Pastoral Care. Because of limited supply, only single copies will be sent.

"Ministering to the Sick" by Prof. Rollin J. Fairbanks. (*The Journal of Clinical Pastoral Work*). A detailed description of problems and methods involved in this important ministry.

"Pastor and Doctor Walk Hospital Ward" (reprinted from *Forth*) is a four-page pictorial presentation of the manifold roles of the teaching chaplain.

"Morals, Ethics and the Purposes of Sex" by Seward Hiltner. (*The Journal of Social Hygiene*). A helpful, objective Christian survey of a much-discussed subject.

*Pastoral Counseling Bibliography* by Prof. Joseph F. Fletcher. Issued by the General Theological Library of Boston. Annotated.

"Democracy Begins at Home" by Volta R. Hall, M.D. (*Mass. Mental Health*). A superior exposition of the application of mental health principles to family life.

"Ministering to the Dying" by Prof. Rollin J. Fairbanks. (*The Journal of Pastoral Care*). A presentation of the dynamics and pastoral methods involved in a terminal ministry.

*The Pastoral Counseling Center*. A descriptive folder of a pastoral service in Boston.



# ANXIETY: AN INVESTIGATION IN DIAGNOSIS AND CHRISTIAN THERAPY

ROGER B. NICHOLS

**W**HAT is anxiety? This is our basic question, for we cannot hope to prescribe until we have diagnosed. It is really a new word in our vocabulary, for a search through concordances reveals that the word never once occurs in the King James' translation. Actually, the concept of anxiety is closely related to our concept of sin and we are all familiar with the trend (until recent thought) of regarding sin as something that didn't quite fit into our optimistic, idealistic scheme of things. The concept anxiety is a modern concept. It has appeared in our thinking as a result of two movements: modern psychology and Neo-orthodox theology. We may date the one at the appearance of Sigmund Freud and the other at the publication of Karl Barth's revolutionary "Epistle to the Romans". I should like to analyze both of these movements, not in the sense of preliminary definition, but rather in the sense of plunging immediately into the therapy, for diagnosis is an integral rather than a preliminary stage of therapeutics.

The scene is set in a modern consultation room. In the center of a group of consulting physicians stands man, man as individual and man as race. He is stripped to the waist. He has anxiety. One of the doctors is speaking.

"I have done a great deal of thinking on this case. In my first analysis I found two types of this disease: objective anxiety which we can recognize as intelligible reaction to anticipated danger from without, and neurotic anxiety which I found altogether purposeless and puzzling. I have tried to bring the two together by analyzing the causes which I have found to be undischarged excitation. I have called this 'libido' which becomes transformed into anxiety. These two anxieties I found to be really one, the difference being that in the neurotic anxiety the danger is internal and unconscious rather than external and recognizable as in objective anxiety. But I am forced to recant, gentlemen, as regards my theory that this libido turned into repression which in turn caused anxiety. After an extensive analysis of the Oedipus complex, I have found the reverse to be true. 'It is not the repression that creates the anxiety, but the anxiety is there first and creates the repression'.<sup>1</sup> My latest thinking leads me to the conclusion that this anxiety is caused by the direct effect of a traumatic factor, and by the signal that this factor

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<sup>1</sup> *New Introductory Lectures*, p. 120.

may threaten to re-occur again. For example, — and here I must acknowledge my indebtedness to my colleague, Dr. Otto Rank—we consider the prototype of this traumatic factor the anxiety-experience of birth, representing as it does the forcing out through the narrow walls of the vagina, and the separation from the mother. This concept is not new to you, gentlemen. I call your attention to the common fantasy of returning to the womb as a substitute for coitus. My disciple, Salvatore Dali, has helped to make this concept meaningful. I say we should remove this anxiety by locating these traumatic factors and the chance of their re-occurrence. We must remove them and thereby starve the anxiety. I say, operate!”

*Dr. Adler:* “Ah yes, Dr. Freud, I think I agree with you basically, but I’m not quite so sure about these libidinal impulses and traumatic factors being the real cause of this anxiety. I have diagnosed this anxiety as a manifestation of what I call the ‘will-to-power’ which I find derives from a basic inferiority — often an organic inferiority. Don’t misunderstand me, Dr. Freud, I agree that we must operate, that this anxiety is an error and that it must go, but I think we should look for a more basic inferiority behind your traumatic factor. I say remove *it* and starve both your factors and the anxiety itself.”

*Dr. Horney:* “I think . . .”

*Dr. Freud:* “Who let *her* in here? What does a woman know about psychiatry?”

*Dr. Adler:* “Ssh, Dr. Freud! Remember, we helped to emancipate women, and wasn’t it you who first took up that idea of Kierkegaard’s that women are more susceptible to this disease than men? Perhaps she will have some valuable *subjective* insight. Please continue, Dr. Horney.”

*Dr. Horney:* “I am afraid that I am going to have to disagree with you both. Both your will to power, Dr. Adler, and your libidinal impulse, Dr. Freud, must be regarded as derivative of a more basic anxiety. Neither of you has seemed to ‘recognize the role which anxiety plays in bringing about such drives’.<sup>2</sup> Your idea in particular, Dr. Freud, is too narrowly biological. ‘You tend to attribute sociological phenomena to psychic factors and these primarily to biological factors’.<sup>3</sup> I would say that the root of this anxiety is a socio-economic one — that ‘the potential hostile tension between individuals result in a constant generation of fears’.<sup>4</sup> I would agree that we must operate, we must at all odds get rid of this anxiety, but we must excise these hostile tensions first. We must operate, not on the individual but upon our tension-filled society, and replace it with a cooperate society, free of tensions and therefore free of anxiety.”

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<sup>2</sup> *The Neurotic Personality of our Times*; p. 187.

<sup>3</sup> Op. cit., p. 28.

<sup>4</sup> Op. cit., p. 284.



*Dr. Jung:* "Before I present my own diagnosis, may I present a conclusion that Dr. Kunkel and I have come to in whispered conference over here in the corner. Despite your seeming disagreement, on the main point you all agree: that anxiety is based on error. Your operation would dig out the forces and desires that have gone astray so that the anxiety will be starved. My diagnosis is a deeper one. I am not convinced that we can afford to remove this anxiety as such. Anxiety, as well as hatred, is love turned into the negative. Rather than operate, we must somehow face the anxiety, learn to tolerate it, and finally to love it. We must do this by developmental education. I must shake my head to the idea of operating, for if we perform an anxietectomy, or if we cut off the nourishing causes, we thereby lose the sole source of our creativity."

*Dr. Kunkel:* "Splendid, Dr. Jung, you are becoming more and more Christian every day. May I just add that even your developmental education may not be sufficient for the very reason that sometimes there is very ample *cause* for being anxious. I would say to all of you, that all your non-religious depth psychology fails to understand man's futile and dangerous position. 'You do not see that there is a deeper anxiety, not representing the negative aspect of human relationships but the negative relationship to God'.<sup>5</sup> Before presenting my own analysis I for one should like to hear more on this line from Dr. Niebuhr."

*Dr. Niebuhr:* "I shall have to be spokesman for my colleagues here since none of them speak English. May I present Dr. Augustine of Hippo, Dr. Martin Luther, and Dr. Soren Kierkegaard. I should also like to acknowledge our indebtedness to an old textbook with which you all may not be familiar — The Holy Bible. We have made much use of it in our diagnosis.

"It is regrettable that Dr. Freud in admitting his error did not see how far his calculations pointed. 'If he could have realized how basic a concomitant of human freedom anxiety is and how little it has to do with "external danger", it would have become very apparent that all the aberrations with which he deals are not the consequence of the repressions of his "super-ego" but arise out of the very character of human freedom.' Our diagnosis is that man, being both free and bound, both limited and limitless, is anxious. Dr. Kierkegaard has done the most brilliant work in our diagnosis, and it is a great pity that his significant works remained virtually unknown, buried as they were in the Danish language. He says that anxiety 'is the psychological condition which precedes sin. It is so near, so fearfully near to sin and yet it is not the explanation for sin.'<sup>7</sup> Anxiety is the inevitable concomitant of the paradox of freedom and finiteness in which man is involved. Anxiety is the internal description of the state of temptation. It must not be identified

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<sup>5</sup> Kunkel, *In Search of Maturity*; pp. 26-27.

<sup>6</sup> Niebuhr, *Nature and Destiny of Man*; p. 43.

<sup>7</sup> Kierkegaard, *Concept of Dread*; p. 89.

with sin, for in line with Dr. Jung's idea, there is always the ideal that faith would purge anxiety of the tendency toward sinful self-assertion.<sup>8</sup> Indeed, Dr. Luther would go so far as to say that the state of perfection before the Fall was completely free of anxiety. Yet, he overstates his case a bit. Ideally anxiety is overcome by faith, but a life totally without anxiety would lack freedom and not require faith. We diagnose this anxiety then as a permanent concomitant of freedom. Dr. Kierkegaard calls it the "dizziness of freedom"<sup>9</sup> or 'the reality of freedom as possibility anterior to possibility'<sup>10</sup> and this is both a temptation to sin and the source of all creativity. May I use an illustration. It is the condition of the sailor climbing the mast with the abyss of the waves beneath him and the crows' nest above him. He is anxious both about the end toward which he strives and the abyss of nothingness into which he may fall. Man's ambition to be something is always prompted by the fear of meaninglessness which threatens him by reason of the contingent character of his existence. His creativity is always therefore, corrupted by some effort to overcome contingency by raising precisely what is contingent to absolute and unlimited dimensions. Yet this destructive aspect of anxiety is so intimately involved in the creative aspects that there is no possibility of making a simple separation between them. Therefore we cannot operate, for the two are inextricably bound together by reason of man being anxious both to realize his unlimited possibilities and to overcome and to hide the dependent and contingent character of his existence. And yet, within this very anxiety lies the answer. Dr. Augustine of Hippo in one of his valuable works on the subject has said, referring, of course, to God, 'Thou hast created us for thyself, and our hearts are restless (anxious) until we find rest in thee.'<sup>11</sup> So our prescription would be to change this anxious self-centered sinful life of man and restore the life in God with all the power of freedom turned to creativity by faith, or in the words of our dog-eared textbook, 'He who loses his life for my sake, shall find it.'<sup>12</sup>

*Dr. Kunkel:* "Quite so, Dr. Niebuhr; your diagnosis I agree with for the most part, but for two thousand years your prescription has been tried and found wanting, and an equal number of years of your depth psychology will fail unless you join forces. You have much to learn from each other. I would say that you Christians have the right diagnosis and that you psychiatrists have the right idea about methodology in the matter of cure. We must not operate, my colleagues, we must *cooperate!* My own diagnosis is that anxiety is a subjective experience which results from a double deviation: The substitution of a sham center, our Ego, for our real center — the self; and the substitution of the self-sufficiency

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<sup>8</sup> Niebuhr, Op. cit., p. 182-183.

<sup>9</sup> Kierkegaard, Op. cit., p. 57.

<sup>10</sup> Kierkegaard, Op. cit., p. 38.

<sup>11</sup> *Confessions* I : 1.

<sup>12</sup> *Matt.* 10 : 39.



of this Ego in place of our positive relationship to God. I would go a step farther than Dr. Jung in diagnosing this anxiety as the opposite of creativity. It is the power of creation flowing in the opposite direction. 'Our creative center, the Self, is our positive relationship to God. Our self-hood is the experience of our dependence on and our support by the creator whom we know only partially. We realize creative power if we live from our real center. Then we are the channels of creation. If we lose our self-hood and our positive relation to the creator, we are cut off from any new influx of power, and the power which is left, as it were, flows back into eternity. This ebb of creative power is what we feel as anxiety.'<sup>13</sup> As a psychiatrist I would agree that we must operate, but it would have to go deeper than anxiety; it would have to be an Ego-dectomy. The sham center, the ego, must go but, alas, my colleagues, this ego is so closely related to the true center, the self that we cannot use the scalpel. We must resort to Christian therapy. It must be Christian and it must be therapy. In a word, Gentlemen and Miss Horney, we must co-operate!"

### *Curtain*

Let us now leave the consultation room and get into the Rector's study. It may or may not have occurred to you that it is quite possible that a person may walk into your study with this very disease. He may be worried, he may be "neurotic", he may be hysterical. You know that his trouble is anxiety, and you have a general if faint idea of what anxiety *is* now, and that the answer is Christian therapy, but here is this man! What are *you* going to *do*?

The first temptation is to send the man to a psychiatrist. What do you know about the mind, it's not your field. Two words of warning: (1) Many psychiatrists today, being disciples of Adler and Freud, are not only pagans but (as we have shown) they simply *do not have the answer*! Yes, their case records show results, but as we have shown they can at best be temporary; (2) Dr. Jung reports that in all his dealings as a doctor and psychiatrist with mature people, "there has not been one whose problem in the last resort was not that of finding a religious outlook on life."<sup>14</sup> This from a so-called secular psychiatrist! It presents us with a tremendous challenge. We can't send this man elsewhere because the answer lies with us! The recent increase of conferences between medical men, psychiatrists, and clergymen is indicative of the fact that not only the man in the study is awaiting our answer, but also the professions of medicine and psychiatry. What, then, shall we say to them?

I think Fritz Kunkel will be of most help to us, and the following outline of principles and methods is pretty much his. He calls Christian therapy "religious self education" which, as we shall see later on, is tremendously significant, for he advocates much the same general method

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<sup>13</sup> Kunkel, *In Search of Maturity*, p. 90.

<sup>14</sup> Jung, *Modern Man in Search of a Soul*, p. 264.

as does Rogers in his "inductive method of psychotherapy".<sup>15</sup> Since anxiety is a subjective thing, we cannot cure it by prescription but must by our methods lead the subject to cure himself. Let us then call the therapy "Inductive religious self-education".

The principles are six in number. The first three are general principles of self-education. The other three furnish the practical basis for our endeavor.

1. *Creativity*. We can and should achieve only what the will of God wants us to do and will finally force us to do.

2. *Freedom*. Our very freedom means that we are subject to deviations from the will of God. Without this freedom, however, there would be no decision, responsibility or creativity on our part. But we cannot be sure of the result — we may be wrong. The principle is that we must be creative at the risk of failure: and if we fail, we must not give up, we must be creative again.

3. *Faith*. Our freedom has made us humble because our decisions may be wrong, but yet we must act; and more often than not, we must act decisively. The answer is faith. The Biblical injunction, "Be not anxious" is quickly followed by "because your heavenly Father knoweth that ye have need of these things."<sup>16</sup>

For our purposes of self-education we must combine these three principles in the following way: "We should learn to co-operate with the creative will of God, which means we should develop our own creativity. God has created us as creative beings and therefore given us freedom to err; we have erred for thousands of years, we are deeply deviated, we shall err again; but we must take the risk, bear the consequences, pay the price; otherwise we can never find the way out. And we can take the terrible responsibility for our future errors only if we can find gradually or suddenly the trust in God's creativity which time and again restores us as His children."<sup>17</sup>

Our other principles refer to our practical work:

4. *Polarity*. Its whole basis is the principle of polarity. Differentiation unfolds life in innumerable pairs of opposites, expansion and contraction, tension and relaxation, male and female. Integration keeps them in balance and enables the creative center to use them alternately without preference. "Disintegration" disturbs the balance and the center is replaced by a sham center — the Ego. Self education must reestablish the sovereignty of the center by reintegrating the pairs of opposites. We must bring to light hidden capacities. We must change the negative power into positive power and destruction into creation.

5. *Tolerance*. We must not fight against those negative powers which we hope to transform into positive values. We must face the evil.

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<sup>15</sup> See Rogers, *Counseling and Psychotherapy*.

<sup>16</sup> Matt. 6 : 32.

<sup>17</sup> Kunkel, *In Search of Maturity*; p. 239.

We must pour out all our fears and anxieties, we must bring it out into the open — into the light. This requires complete honesty and can be applied only together with the principle of faith, but we must apply it, we must *release* this pent-up power in order to transform it from negative to positive power. The two, honesty and faith, combine to constitute our final principle.

6. *Forgiveness.* The same principle applies here as in the original formulation — that of mutuality: "For if ye forgive men their trespasses, your heavenly Father will also forgive you."<sup>18</sup> We must add here that many unforgiven evils persist in our unconscious, and they cannot be forgiven until they are brought to light. Forgiveness, when genuine, immediately releases the creative and spiritual power which we have called the unconscious of the future. The negative image is now changed to a positive symbol, charged with the creative might of the real center.

These then are the principles. This is our task. This we must lead the man in our study to see and do for himself. The question is, *How?* How can we find our real center? How can we rid ourselves of our sham ego? I revert again to 'our selves' because only first having done this ourselves can we ever hope to lead others. The Christian command, you recall, is "Come!" not "go there" or "follow that path", but "Come, follow me." This is the first step. If you are to lead your pupils to the mountains, you must love the mountains,<sup>19</sup> you must have been there. Our first practical task, then, is to deal with ourselves — religious *self* education — then we can turn to the man in the study — with inductive self education and say, "Come."

The way in which we must bring this hidden anxiety to light, this repression to expression, is, briefly and simply, confession. It is the only way out. We must, however, fully understand the word, and we must use the method in the right way, having in mind always the structure of the human mind and the special problem of our time.

Confession is a terribly ruthless thing. It is powerful and dangerous discharge of high voltage. We must ever guard against judgment, for if we turn into a judge, it simply creates new repression. Absolution is judging. If someone confesses for absolution he is unable to confess the darkness of his unconscious mind. The superficial is touched, but both the confessed one and the absolver live in unconscious agreement never to probe the deeper, more heavily charged areas. This is why two thousand years of confessional practice have failed to discover the unconscious. We must revitalize the meaning of the word by stressing two particular aspects of its meaning. The first is an old concept, much misused, but recently rediscovered by Jung and Kunkel. That aspect is the "practice of the presence of God." A confession not to a priest nor to a psychiatrist, but to God directly in confessional meditation.

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<sup>18</sup> *Matt.* 6 : 14.

<sup>19</sup> Underhill, *Collected Papers*, p. 231.



His presence will help you discover the unconscious as well as the conscious, for He knows them both equally.

The second aspect is that our confession has to bring to light the undeveloped creativity of our deeper layers. Confession may then become research, investigation, and discovery. "If we can spread before Him all the hidden roots of our virtues and vices, if we are honest and courageous enough to release before Him the high voltage of our unconscious hatred and love, we may discover that all our power is in the last analysis His power and that our darkness turns into light because He is both darkness and light."<sup>20</sup>

This prescription is necessarily brief, but this is the essence of our inductive self education which in the last analysis is simply another word for reconciliation, conversion, and salvation. Our task is to lead the patient into faith, to lead him in *his* confession to God, that with God he may find the way himself to conversion, to a restored relationship with God in which his true self re-assumes its central position. This is the vital work-shop, work-clothes task of our ministry of reconciliation. It is probably our greatest task, and yet at the same time our greatest challenge.

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<sup>20</sup> Kunkel, *In Search of Maturity*, p. 253.

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# RELIGIOUS CONSCIOUSNESS:

## AN OUTGROWTH OF THE INTERRELATION OF PSYCHOTHERAPY AND THE RELIGION OF CHRIST

IZETTE DE FOREST

**T**HAT both psychotherapy and religion minister to the soul of man is self-evident. Religion, whether Western or Eastern in expression, claims this function as its particular field of usefulness and of dedication. The Greek word *psyche*, "personification of the soul", appears in all the terms referring to the study of the mind: psychiatry, psychoanalysis, psychotherapy, psychology, psychopathology, etc. As these two branches of human endeavor stand upon the same rock, it is appropriate that we examine the contribution which each gives to the other.

This cooperation is particularly significant in that psychotherapy, a recent development of Western culture, represents a scientific labor of the human intellect and as such has factual findings to offer. It provides an empirical understanding of the emotional and of the mental life of human beings, and of the realms of consciousness and unconsciousness. It presents theories concerning the formation of neurotic structures which, although distorted, in an unhealthy environment ensure the supplying of the growth needs. And finally it offers in therapeutic form a healthy substitute for the neurotic supply method so that growth may be given wholesome sustenance; so that the suffering person, in discarding his illness, can begin life anew. This therapy is now known as characterological treatment.

The Christian religion, an ancient product of Eastern culture, explains the significance of these factual and empirical findings as they affect the human psyche. It asserts that character is an out-growth and expression of the soul, and that as character is basic to behavior, so is the soul basic to character. As behavior is a measurement and expression of character, so is character a measurement and expression of what we intrinsically are. Important as character is, it is still only an externality, not the very thing itself; not the essential core of a human being. This core can hardly be described in words; it is too precious, too private; it stems from God.

Not only does the Christian religion define the significance of psychological theories, it offers a way of life to human beings. It offers a specific way of life, as founded on Christ's teachings. It believes that Jesus was divinely inspired with the understanding of human nature and human

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The term "religious consciousness" is taken from *The Clue to History* by John Macmurray who defines it from a philosophical and historical viewpoint.

relations that provides the foundation for all psychological exploration and knowledge. Therefore it is in a position, indisputable to its followers, to describe what "interpersonal relations" shall be as an actual functioning of the human being; of his very soul. This was presented by Jesus, not as an ideal, difficult if not impossible to achieve, but as a possible attainment in the immediate present. "The Kingdom of God is at hand." Thus the religion of Christ offers to the science of psychotherapy a detailed and purposeful program of behavior upon which human beings will, if healthy, operate. By this it defines true health.

Psychotherapy can accept this program because it itself is essentially an attempt to recreate, to make conscious, in the individual the wish, born in him, to fulfill his particular potentialities as a gift to mankind. Hence the science of psychotherapy, a mental achievement, combines with the Christian religion, a spiritual achievement, in producing a further expansion of human powers; that of religious consciousness.

Religious consciousness is a cooperative conjunction of the appropriate functioning and expression in action of the body, the emotions and the intellect. It represents an interwoven working-together of these human attributes for the purpose of furthering God's intention in this His creation, the Universe; it is the fulfillment of the soul. Totality, or the Whole, is greater than the sum of its parts, greater in operation and in significance. Therefore the soul cannot be broken down into elements or component parts, for it consists in an awareness belonging to the total human organism, an awareness of the organism itself, of its significance in the Universe, and of the world about it in the light of its meaningful purpose.

As human beings we are the latest evolutionary form of life and as such have a particular responsibility, that of consciously developing our inmost capacities. As the latest life form we are endowed with a cognizance of soul. This comprises not only a consciousness of our senses, our minds and our emotions; but a realization of our essential value as human beings. No other form of life is concerned with the wish to penetrate to the meaning of its existence. We humans have this wish and capacity for conscious penetration. We alone can learn to recognize not only our own significance, but that of the surrounding Universe, and of our place in the Universe. We use our bodies, intellects and emotions to enunciate the fact of our soul. It is not only these three differentiated parts of us that demand successful relations with the similar parts of other humans. Our souls demand an inter-soul relationship. For our souls are the final spokesmen; they are the sum total of our differentiated parts; they are ourselves.

This psychic demand is the basis of the latest psychotherapeutic theory, that of "interpersonal relations"; which recognizes the individual capacity to put our souls to work in behavior in a cause common to all men, as an element pertinent to human life alone. Modern psychotherapy has thus, all unaware, opened the door to the admission of



religious consciousness. One last step remains; that of bringing all human attributes in line for the fulfillment of God's intention for the human race. By this step we shall acknowledge ourselves to be the children of God, members of His family, with a conscious responsibility toward Him, our father. We shall no longer be able to consider ourselves as separate entities, but as entities responsibly endowed with particular gifts to offer to mankind; and thus to God. This offering is the essential need of our nature as human beings.

D. H. Lawrence comprehensively describes in an article, "Love," the human need and faculty for love:

"There must be brotherly love, a wholeness of humanity. But there must also be pure, separate individuality, separate and proud as a lion or a hawk. There must be both. In the duality lies fulfillment. Man must act in concert with man, creatively and happily. This is greatest happiness. But man must also act separately and distinctly, apart from every other man, single and self-responsible and proud with unquenchable pride, moving for himself without reference to his neighbor. These two movements are opposite, yet they do not negate each other. We have understanding. And if we understand, then we balance perfectly between the two motions, we are single, isolated individuals, we are a great concordant humanity, both, and then the rose of perfection transcends us, the rose of the world which has never yet blossomed, but which will blossom from us when we begin to understand both sides and live in both directions, freely and without fear, following the inmost desires of our body and spirit, which arrive to us out of the unknown. . . . Lastly, there is the love of God; we become whole with God . . . the Holy Spirit, the unknowable, is single and perfect for us."

And in another article, "We Need One Another," he continues:

"We have our very individuality in relationship. Let us swallow this important and prickly fact. Apart from our connexions with other people, we are barely individuals, we amount, all of us, to next to nothing. It is in the living touch between us and other people, other lives, other phenomena that we move and have our being. Strip us of our human contacts and of our contact with the living earth and the sun, and we are almost bladders of emptiness. Our individuality means nothing. . . .

And so with men and women. It is in relationship to one another that they have their true individuality and their distinct being; in contact, not out of contact. . . .

But while we remain healthy and positive, we seek all the time to come into true human relationship with other human beings."

An individual isolated in his own development is a lonely, sorrowful person. Indeed he cannot develop completely in isolation; for his inherent need is to be related to other humans. He feels alone, filled with anger, jealousy or other destructive and deterrent tendencies. He asks help in order to be a better child or parent or spouse or friend. How to accommodate himself to others, to live in common with others, is his main question and yet he is unable to answer it. This wish is part and parcel of his human-ness; an expression of his soul.

It is the complaint of every neurotic person that he is unhappy in his interpersonal relations. One patient is incapable of friendly relations with those in a "superior" position, although fully able to cooperate with those "inferior" to himself. Another, intimidated through childhood by a cruel stepfather, finds himself unable to fulfill his unusual creative capacities; because of his fear that his productions will be received with scorn. Another, the only child of parents old enough to be her grandparents, has never succeeded in freeing herself from their mid-Victorian moralistic principles in order to put into action her appropriate individual wishes and ideas; for she is constantly defending herself from the critical appraisal of others. Another, forced by a dominating and cruel father to pretend to be other than he was, an all-enduring hero, is incapable of carrying out his own less fantastic wishes; for he is compelled to arrange a life of suffering for himself at the hands of others. Another is so bound to take sides with her hated mother against her well-loved father that her every move is hateful and defensive.

These patients are a few of the many that have had their inner integrity, their souls, distorted; and this by the need of acting, when children, to appease the demands of the destructive environment into which they were born.

We have here examples of the extraordinary passion for self-preservation. All forms of life will distort themselves in order to force their way to a living situation. A tree, whose seed is thrown beneath a rock, breaks that rock to grow toward the sun, toward health and persistence. Thus does the human being grow with indomitable passion, although distorted by frustration. The records of psychotherapists give constant evidence of this passion and of the cruel deformities that may ensue.

The therapy that is needed by these emotionally sick persons, is a therapy of the soul. How to assist the sufferer to use his self-preservative urge in order to find a way toward the sun; a way that is no longer fear-ridden and over-shadowed by unhealthy frustration but is love-determined, tall and direct? This the psychotherapist attempts to do. He uses his training, his experience, and his empathic skill for this purpose. These separate possessions of the therapist, unless based on religious consciousness, lack a cohesive and inter-penetrating material to bind them together. They are but meaningless tools. Unless religiously conceived, they do not emanate from the therapist's soul; and it is essential to success that his soul speak with its own voice to the soul of the patient, using its tools as the connecting links.

The therapeutic theory of "interpersonal relations" specifies that a being is human only in his ability to create and to maintain constructive personal relationships; that a neurotic person is one who is failing in this essential function; that the cure of neurosis lies in resurrecting the inner integrity of the sufferer, buried under the deformities of the conditions of his growth, so that his innate impulse toward happiness with his companions in living may function with facility; and that by broadening the

consciousness of the patient through the dynamic experience of therapy and in relation to the therapist, a pattern for successful interpersonal relations is established, so that the restored function can be wholesomely maintained throughout life.

This theory of the science of psychotherapy is the very essence of Christ's teaching. Jesus stressed 2,000 years ago, the need of human beings for individual development in order to fulfill their essential purpose as the children of God, as members of the human family. "Have salt in yourselves, and have peace one with another."<sup>1</sup> "Blessed are the peace-makers: for they shall be called the children of God."<sup>2</sup> "And if a house be divided against itself, that house cannot stand."<sup>3</sup>

The technique of psychotherapy is based on three fundamental principles: 1. That the therapist should cherish his patient. 2. That he should in cherishing, assist his patient to recognize, respect and love himself as an innately good person, filled with the passion to grow and mature; a person rich in his own right, with capabilities to develop and fulfill; a person belonging to the human race and, as such, desirous of contributing his developed capacities to his fellow men. 3. That the therapist should offer to his patient the opportunity, in the transference relationship, to discard the character distortions based on an unhappy nursery experience, and to replace them with the realistic and immediate experience of friendship. This opportunity is founded on the therapist's single desire to aid his patient to bring his potentialities to their fruition and to use them productively in the human community. These three principles may be symbolized by the gifts of gold, and frankincense, and myrrh brought by the Wisemen in their worship of the Christ Child.

In the beautiful story of Christ's birth not only the Wisemen and the Shepherds, the guiding Star and all the Angels of Heaven, but Joseph and Mary knew intuitively the spiritual quality of this Babe. Joseph's unselfish devotion to Mary when she was "great with child;" his flight with her and the infant Jesus into Egypt, leaving his home and his stable profession as carpenter, show his faith in God, in goodness and in this Child of God. Mary's pondering in her heart is evidence of the same faith. Christ's birth in a stable, his crib in a manger, symbolizes the warmth of life, of human destiny, among the gentle animals in the barn. This pulsating tale realizes the precious worth of all human babies, who come "trailing clouds of glory from God, who is our Home."

Jesus stressed the value of innocence, a spiritual quality that is without harmful impulses, without evil, when he said: "Suffer little children to come unto me, for of such is the kingdom of Heaven." This understanding underlies all psychotherapeutic treatment. The patient as a child was innocent until confronted with frustrations imposed by other humans. How to recapture this innate goodness of the human soul, of the patient's soul, is the main psychotherapeutic intention. With this

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<sup>1</sup> Mark 9 : 50

<sup>2</sup> Matthew 5 : 9

<sup>3</sup> Mark 3 : 25



realized, the patient again possesses fearlessness, faith in himself, in his natural impulses and in his capacity to discover his potentialities. This, his individual expression, he can now offer to his fellow men.

The gift of the therapist that restores in the patient this faith is that of cherishing. This is expressed in the first instance by his acceptance of the patient. He must see in him, not only a suffering person, but one whom he immediately respects as wishing to be sincere, an eager worker toward his own development, capable of succeeding in his personal relationships. The therapist's wish to work with the patient represents his first expression of loving-kindness. This person, as the patient, now comes first and foremost in importance. He knows the truth about himself although this knowledge may be unconscious; while the therapist can only guess on the basis of his training, experience and intuition. It is the patient's health and character development which are of prime importance in the therapeutic venture. Any interpretation or act of the therapist, indeed whatever the setting which he can provide, must represent the cherishing attitude. This must embrace the entire treatment. An essential element in this attitude is the therapist's sincerity. His every expression must be sincere; whether one of admiration and encouragement or one of disapproval. Both must be based on loving-kindness. That he may be mistaken in his judgment is at all times freely admitted. But that he is using his skill and understanding solely for the patient's benefit creates the environment of cherishing.

The second gift of therapy is that of enabling the patient to cast away the defense mechanisms, which he in self-preservation initiated in his frustrating childhood environment, and in their place to realize himself as the innocent child that he was at birth; to recognize in himself his potentialities as an individual distinct from all other human beings; to feel in himself the urge to develop his gifts and to put them into practise. These inborn facts he learns to sense as he reviews his past neurotic tendencies and behavior, admits their uselessness in these his adult years, and determines to return to his own natural expression in his contemporary life. He foresees in himself a person of spiritual wealth, developing his gifts as a member of the human race.

The third therapeutic gift to the patient is the opportunity of learning to take his part as a member of the great human family. It consists in the realization that his wealth as an individual is only of value when it is bestowed. He gradually recognizes his inner impulse to be a co-worker with his fellow men and thus to assist in fulfilling the destiny of humanity. This is a true expression of his personality; not a compulsion to reform the world, but a wish to cooperate and, even more importantly, to live in common, to commune with all other individuals. He knows that, like them, he possesses something to contribute of his very own, different from the gift of any other human. This contribution consists in the expression in action of himself as a healthy productive person. In this contribution there lies his free-flowing capacity to function as himself for others. This answers his inmost human need.

In what way can the religion of Christ support and enrich psychotherapy in presenting these three gifts of gold, and frankincense, and myrrh? It's chief and enriching support lies in bringing to consciousness the spiritual and purposeful significance of human development and behavior. It puts meaning into human existence on this earth. It lends content, gives substance to the psychological framework of human lives. It offers to us immediate and continuous satisfaction while we are engaged in the difficult struggle of existence.

John Macmurray, the Scottish philosopher, in a pamphlet "Idealism against Religion" reminds us that: "The decay of religious belief and the decline of religious influence in the heart of Christian civilization is the major tragedy of our time. . . . The making and the remaking of any society, and especially of a new and wider society, is a religious task, and without religion is quite impossible. . . . When we face religious problems and religious tasks, we no longer recognize them for what they are, but turn in all seriousness to other sources for their resolution and for the power to accomplish them. This is the real decline of religion; and since man is a religious being in fact, whether he recognizes it or not, the decay is itself a religious process, which distorts the spirit and blinds the eyes of the soul. Man becomes inhuman and loses his own likeness."

The Christian religion has as its primary attribute the inspiring story of Jesus. Jesus was the greatest therapist that has, to our conscious knowledge, ever existed. His life, although short in years, is a long story of therapeutic success. This was based on the essential element of faith; faith in ourselves as God's children, faith in God. "If ye have faith as a grain of mustard seed . . . nothing shall be impossible unto you." It was based on fearlessness, on the laying aside of all anxiety and of all neurotic structures, all defense mechanisms; and on trusting in the loving-kindness and benevolence of God. Benevolence means wishing-well and is in itself the essence of the cherishing which all successful psychotherapists must, without any deviation, feel and manifest toward their patients. "And if so be that he find it, verily say I unto you, he rejoiceth more of that sheep, than of the ninety and nine which went not astray." This in one sentence is the gist of the parable of the prodigal son; and is the complete expression of the attitude of cherishing. To everyone who came near Christ, except for the Pharisees, "the hypocrites," and for those who were "hard of heart," he gave compassion, forgiveness and courage. By these gifts they were cured of physical ill-health, or of character difficulties; and in some cases became his followers, working to bring about in the immediate present the Kingdom of God. The emphatic loving-kindness of Christ stirred the souls of those in need and recreated in them faith in God's loving care; His gift of significance to each individual.

The second gift of Jesus to all sufferers, to all mankind, was the message that each human is equal before God; in fact, is created by Him equal one with another. This magnificent pronouncement gives

the promise to each of us of our personal integrity, of our value as individuals and of our inborn gifts varying from those of all other persons. We are assured that we are the possessors of untold spiritual worth; that each of us has the capacity to develop something idiosyncratic, potentialities of our very own; that in developing them we fulfill our nature as children of God; and as such are all equal in value in the sight of God. Listen to Christ's glorious promises: "For whosoever shall do the will of my Father which is in Heaven, the same is my brother and sister, and mother." "For He maketh His sun to rise on the evil and the good, and sendeth rain on the just and on the unjust." This pronouncement does not condone evil or injustice but evinces Christ's assurance that we are born of equal spiritual promise. That it is never too late to mend. It is our responsibility to find God's way and to follow it. We are each 'whether Greek or Jew, barbarian, Scythian bond or free, one with Christ Jesus."

The third gift of Jesus was the assurance that in fulfilling our individual destinies, we inevitably, because we are human and God's children, belong in the great human family. Here we easily recognize Christ's divinely inspired understanding of 'interpersonal relations." He not only acknowledged our ego-centric and neurotic temptations, as witness his own temptations when weakened by hunger, in the wilderness; but laid down the laws by direct statements and by parables for a happy and constructive community living. The Beatitudes are a consummation of these laws. Christ, in emphasizing the unrighteous expression of anger, gives meaning to its righteous usage: "Whosoever is angry with his brother without a cause shall be in danger of the judgment." He himself was angry with the Pharisees, with the money-changers in the temple, and with those of hardness of heart. "And when he had looked round about on them with anger, being grieved for the hardness of their hearts . . . ." He defined the substance of justice: "Why beholdest thou the mote that is in thy brother's eye but considerest not the beam that is in thine own eye?" He expressed the purposeful content of compassion and emphatic understanding in the story of the "woman having an alabaster box:" "When Jesus understood it, he said unto them 'Why trouble ye the woman for she hath wrought a good work upon me?' " He defined the self-destructive determinant in false pride and presented with humility the self-fulfillment in true democracy: "And whosoever will be chief among you, let him be your servant, even as the Son of Man came not to be ministered unto, but to minister." And finally he exemplified to us in his life, in his laws and in his parables, love of man for man, as expressed in action. Each law urges us to realize that we have a responsibility beyond any as yet acknowledged. By way of our God-given gift of consciousness and of a passionate life of the emotions and of the intellect, we shall inevitably fulfill these gifts in cooperation with our Maker. No other form of life has such responsibility. It is the very essence of the happiness of human existence.



Although Christ's laws of interpersonal relations are considered by those of frail faith, of fearfulness, to be unattainable, each human being wishes in his heart to live according to them. This is an extraordinary fact of human personality. We are not, any one of us, content to be as we are. We are all striving, however unwittingly, to be more in accord with Christ's teachings. Our souls recognize his universal wisdom, although our intellects are fearful.

Bearing the gift of faith in the significance of life, the religion of Christ comes to the aid of psychotherapy. It points to the great example of Jesus, a human born and, like all humans, divinely inspired. As he speaks directly to the human soul; as he offers a way of life that assures us not only freedom from neurotic symptoms and behavior but the completion of our spiritual destinies as members of the human family and as God's co-workers; there is held out to us a realistic promise of individual health and happiness.

Through the inter-weaving of the religion of Christ and of the science of psychotherapy a transcending form of human consciousness is endowed and given expression: that of religious consciousness. It consists in the continuous awareness in each human being of his essential expression in action, and of his own soul as a significant drop in the great river of life, that is forever springing from and flooding back to God, our Creator.

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# The JOURNAL of PASTORAL CARE

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## EDITORIALS

### Pastors and Morals

Rightly and understandably, pastoral theology has been preoccupied in recent years with psychology as a tool of counseling, and with psychiatry as a source of diagnostic insight. This is an area in which great advances in empirical knowledge and technical skill have compelled us to do a lot of exploring and to try out many professional correlations. The trouble with this trend (admittedly only an incidental fault) is that we are neglecting integral questions of morality and ethics.

The religious counselor, by definition, is committed to and involved in value-judgments, norms, standards, ideals, ethical disciplines. From therapeutic principles we learn to be very careful about any "judgmental" approach to people's problems, but from religious principles (which give us our *raison d'être*) we are reminded that morality is part-and-parcel of what theologians call our "standpoint" and what sociologists call our "role" in human affairs.

Secular disciplines can for the most part (and do in fact) ignore questions of right and wrong, in a way that religious disciplines cannot. Every pastoral-medical conference reveals this difference in roles. It is the style (we might even say the "ethics") of non-religious counselors to minimize or avoid normative opinions or ethical evaluations. There are, of course, good reasons *therapeutically* for avoiding moralization like the plague. It fits in, too, with the contemporary effort of the social sciences to be as "purely descriptive" as the physical sciences are, the general result of which is to encourage moral relativism and to depreciate any ethical demand except the hedonistic goal of successful "adjustment" to a "reality situation" quite apart from any imperatives of a non-opportunist kind.

But the fact is that the pastor, as a religious counselor, is involved in and representative of the Judeo-Christian faith, a community of conviction about the nature of man and of the world which includes moral as well as theological affirmations. The culture of the present day, on the other hand, seeks to discount these ideals or to replace them with others. Books like Frank's *Personal Counsel* and Leuba's *Ethics in Sex Conduct*, reviewed in this number of THE JOURNAL, illustrate

our point. How far are we prepared to discard our traditional "ideals" or to modify or re-state them?

What is under examination here is not the gap between customary morality (how people *do* behave) and ethical ideals. The difference between theory and practice is as longstanding and characteristic as St. Paul shows it to be in Romans I and II. (In spite of a facile assumption that what is common is "normal" and what is normal is good, we can be grateful to the "Kinsey Report" for showing how ominously disparate are the accepted standards and the actual practice in contemporary American sex life.) But no: what we need to recognize and examine is another "gap" altogether. We mean the difference between the reflective and rational *ideals* (not common practice) of leaders and counselors in general today, on the one hand, and Christian ideals on the other. This, we venture to say, is *something new* in the cultural climate of the West, the kind of thing which leads our historians to describe liberal Western culture as "post-Christian" in its ethos.

Suppose we continue with sex ethics as a case in point (although other areas could serve the same end, such as politics or personal vocation). Professor Leuba and Robert Frank both recommend (or at least allow without disapproval) that unmarried people may engage in masturbation and pre-marital sex alliances. It is quite plain that people *do*! The new factor for our times is that our "wise men" now publish and preach that people *may* do these things. They have compelling reasons and arguments for their new moral "line" which are utterly convincing to any intelligent person whose ethical standard is utilitarian and whose view of our knowledge of right and wrong is relativistic or pragmatic.

What, then, is our pastoral canon: happiness or "adjustment," or obedience to a revealed, theocratic norm of behavior?

For a good many years now (since 1934) Ira Wiles' *The Sex Life of the Unmarried Adult* has been read and discussed. What pastor is a *member* of a religious body which calmly and straightforwardly takes an equivalent, permissive attitude toward extra-marital sexuality? None. Yet pastoral counseling is bound to be directed to moral conflicts and questions (not psychopathological by nature). Are we to follow a "line" which conforms to the classical religious standards of sex, or are we to adopt the standards of secular counselors instead? *They are no longer the same*. It isn't just a question of emphasis, or of the relative bearing of morality as a component in counseling. *The morals themselves are different*. What pastors in the pulpit say about sex is not what many of them feel in the counseling situation, and certainly not what other counselors and teachers are saying.

Take, for example, Robert Frank's recommendation of masturbation, and even of the phantasies to go with it. Or meditate on a mid-western psychiatrist's recent advice to pastors to stop (1) encouraging people "to hitch their wagon to a star," (2) teaching that there is as much



guilt in a "bad thought" as in a bad action, (3) saying that "it is better to give than to receive." Any well trained pastor knows perfectly well that all three of these attitudes *can*, psychologically, result in destructive emotional conflict. But what about these things as ideals formally taught? Shall we continue to give our own assent to them, or to propagate them outside the counseling situation, or regard them as a valid part of the faith which we represent? Our non-religious colleagues have dumped them overboard. Pastoral theology does the same thing very often in private, but not publicly!

Or take one more sample of our problem. Laura Hutton, an English psychiatrist, recommends masturbation and phantasies to facilitate it. But her main prescription for non-marital sexuality (in *The Single Woman and Her Emotional Problems*) is a homosexual alliance for the spinster. She allows for heterosexual alliances too, but on the basis of Freudian concepts "justifies" the homosexual solution as socially less complicated and explains its "proper" working in detail. As for religion, as a resource in such cases, she merely says (and truly enough) "but just as one cannot command sublimation, neither can one command faith."

An editorial does not by nature provide tailor-made solutions. But it may and should state issues for its readers. This issue of the counselor and his moral apparatus is one that cries out for further clarification. It is one which, to put no fine point on it, we have been dodging. To those of us who sense the impending weight of the problem it is a matter of rejoicing that Seward Hiltner has chosen to devote his year of study at Chicago to ethics and theology, not to further psychological inquiry. More of us need to see the significance of his present labors, and to do the same thing. Perhaps we need to compile and study a body of *clinical* evidence and records, got together for this very purpose out of actual pastoral experience.

### **Our Contributors**

Dean Sperry ("Moral Problems in the Practice of Medicine") needs no introduction. His reputation as a preacher, educator, and scholar is well known in theological circles. His ministry at the Harvard chapel has always been a personal one. Since the formation of the Institute of Pastoral Care, he has continued to give generously his time and counsel as president. His contribution to this issue has already awakened considerable interest within the medical profession, and we prophesy that it will provoke an equally favorable response within the ministry and allied healing professions.

Professor Furgeson ("The Preaching and Counseling Functions of the Minister") was for several years pastor of the Harvard-Epworth Methodist Church in Cambridge, Massachusetts. He brings to theological education, therefore, the wisdom of a rich parish ministry. His stu-

dents at Westminster are fortunate in having a professor of practical theology who has first-hand knowledge of both preaching and ministering to individuals.

Roger Nichols ("Anxiety: An Investigation in Diagnosis and Christian Therapy") is completing his studies at the Episcopal Theological School. His clever use of dialogue has enabled him to present dramatically the various points of view of Freud, Adler, Jung, Horney, Kunkel, and Niebuhr — the latter speaking for Augustine, Luther, and Kierkegaard!

Mrs. de Forest ("Religious Consciousness...") is a practicing lay psychoanalyst, formerly of Boston and now living in Marlborough, New Hampshire. A graduate of Bryn Mawr, she received her psychoanalytic training in Budapest under Ferenczi. She contributes frequently to psychiatric journals.

We are deeply grateful to these friends whose thoughtfulness and generosity make it possible for us to share their thinking with others. Without such cooperation we would find it difficult to meet the obligations we have assumed and to justify the confidence of our readers.

## FOREIGN CORRESPONDENCE

from CHINA

December 10, 1948

*The Journal of Pastoral Care* has found its way three times to West China. I have appreciated it very much indeed as have others to whom my copies have been lent. I have also passed on various excerpts to my students.

Our College represents five cooperating Missions — Methodist, Baptist, Anglican, Friends, and Canadian United. During the World War II years we had students from 13 different denominations. During the past year we have tried to do a little along the line of supervised hospital visiting, beginning with a few hours of class discussion preparatory to the actual calling. At the University Hospital, the Leprosarium, and the Tuberculosis Sanitorium (which are all more or less under Mission auspices), there is no question about the students being welcome. There is a large Government hospital in Chengtu and several smaller private hospitals. Whether such institutions will be open to us in these troubled days remains to be seen.

To the average Chinese a short hospital call would seem discourteous. Illness is a signal for the immediate family, relatives, and friends to gather in the sick-room until all available space has been exhausted. Rules regarding visiting hours are rarely enforced unless some Western doctor is in charge. What seems to us unbearable noise and confusion apparently doesn't disturb the patient!

B. LOUISE FOSTER

West China Union Theological College  
Chengtu, Szechwan

from SWITZERLAND

November 3, 1948

We who are studying at the C. G. Jung Institute are convinced that Jung has a great deal to say to clergymen and the churches. It is true that many psychiatrists know a vast amount about the management of patients and about the sexual and immature aspects of human nature. These are, of course, very important. From the point of view of religion, however, an understanding of integration on higher levels is even more significant. Unlike others in his field, Jung has a great deal to say on this subject (*Modern Man in Search of a Soul*, *Psychiatry and Religion*, et al). Here in Zurich we have seen a great deal more along the same line in unpublished seminar notes or in German. We are bringing back as much of this material as possible.

When I have my first interview with Jung himself next week, I will bring up the subject of religion and try to draw him out. He does not advocate any



particular faith (even Christianity), but believes that attachment to spiritual symbols is essential for real individuation. Which pattern of what symbols is best for each individual is to be decided by the individual himself, if he is capable of it; otherwise some one else must do so for him. It seems to me that here is an important function for the clergyman. Failure to provide healthy leadership at this point will leave the situation vulnerable to the glib reassurances of demagogues.

Whether all this can be accepted by my own profession is a moot question. One difficulty will be that many psychiatrists have a virulent dislike for Jung, partly because of the erroneous propaganda that he was pro-Nazi and anti-Semitic. This will make for some confusion. I continue to believe, however, that greater understanding can be achieved.

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Zurich

## BOOK REVIEWS

***Christian Paths to Self-Acceptance:*** Robert H. Bonthius; King's Crown Press, New York, 1948. 254 pp. \$3.25.

A recent philosophy has been constructed around the characterization of man as a being related to himself. This self-relationship introduces a peculiar "distance" into the human situation, whereby man transcends himself and thus makes possible a judgment concerning his own nature. It is this area of self-evaluation, which Bonthius explores in this excellent book. A recent treatment of the same area from the purely psychological point of view is Erich Fromm's "Man For Himself". It is a timely consideration, for people everywhere are greatly bewildered by the confusing and conflicting evaluations they have inherited from various traditions that make up our present culture.

With fine justice, the author explores three traditional attitudes toward the self; first, the rejectionist attitude which derives from Lutheran and Calvinistic sources and therefore colors a great deal of Protestant experience; second, the forensic, deriving from the Catholic tradition, of self-regulation with the church as the means of such discipline; and third, the meliorist, of much more recent origin, largely characteristic of liberal Protestantism with self-affirmation as the general tenor of self-regard. These three pathways, self-rejection with its emphasis on sin, self-regulation with its emphasis on institutional conformity, and self-affirmation with its emphasis on growth and development, are explicated with considerable documentation from representatives of each way. The psychotherapeutic way is then presented and illustrated with a number of case studies in which the method of treatment is made plain. Finally, the three pathways are appraised in the light of each other, and of the present practice of psychodynamics.

Moreover, the theological and the psychological are held with very level hands in a judicious comparison. Neither one nor the other are held in contempt and each is allowed to speak in terms of its most capable witnesses. One wonders

at times if the number of testimonies does not slow down the movement of the thought, but there can be little criticism of the appropriateness of the choices. It is not the easiest matter to present the diverse claims of Reformation theology, Catholic practice, and the more liberal Protestant ideal, in such a way that they actually stand in their greatest strength, but the author has done this very thing.

It is in the last chapter of appraisal that the careful and discerning judgment of the author is particularly manifested. Eschewing the more divergent and neurotic attitudes in this general area of self-relationship, the author has carefully evaluated the pervasive reality of sin, the authentic experience of original sin, the continuing problems of dependence and independence, the question of authentic and fraudulent guilt, the excessive idealization of Christ, and the relationship of sexuality and spirit. If for no other reason, the book would be valuable for its clarification of the general patterns of religious thought; but more than this, the cross comparisons in the light of present psychological practice are illuminating and extremely helpful. The obvious advantage of bringing the insight and understanding of dynamic psychology to bear on these three traditional methods of religious self-evaluation is disclosed with considerable detail. One wonders if there might not have been a special chapter devoted to the aspects of religious dynamics, usually omitted by the psychiatrists, which we believe to be real factors in the human *psyche*, but avoided by reason of scientific presuppositions. To measure the validity of the religious evaluation of human nature by the present scientific hypotheses deserves in turn a careful scrutiny of the psychiatric method and its presuppositions in the light of religious hypotheses.

SAMUEL H. MILLER

*Pastor*  
*Old Cambridge Baptist Church*  
*Cambridge, Massachusetts*

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**Personal Counsel:** Robert Frank; Informative Books, New York, 1946. 306 pp. \$3.50.

This book's subtitle is "A Supplement to Morals." To many it will seem more like a replacement. The title is broader than the contents, and the subtitle only partially corrects it. The book actually deals with the problems of a fictitious college-girl counselee as she works out her amorous affairs pursuant to the goal of marriage. The author is a "physician-columnist" in the book (though neither of these things in fact) and doubtful as it might sound, the device works out rather well for the book's purposes.

Why do we review a book already available for two years and more? The answer: because it challenges and contradicts those who believe in counseling pre-marital chastity in all cases, those who like to avoid recommending masturbation to unmarried people, and those who believe that "love's true course" should never be calculated. In short, the book is, for most pastors at least, something of a bomb-shell.

It is the "advice" which is important in the book, not its counseling material. Its value on the latter score is almost *nil* because the "case" employed is hypothetical and there were no face-to-face interviews, no interpersonal relationship as a therapeutic or dynamic basis. Mr. Frank's material is — it should

be said — more competent and serious than any advice-to-the-lovelorn column, although he has had no professional experience in teaching or counseling. How heavily this fact should weigh in assessing the book's worth is not for this reviewer to say. In a personal letter answering the reviewer's inquiry Mr. Frank wrote that "many leading authorities" helped to edit the book, but that he decided not to release their names for publication "until the book has weathered the storm of criticism that a work of the kind was liable to receive." Thus is nonconformity compounded with mystery!

A series of 37 letters is exchanged between Dr. R. and Marian S. They cover her questions and play-by-play reports, and his advice (nothing "non-directive" here!), as she relates herself, with marriage in view, to three different swains. Marian compares them on such scores as drinking, petting, personal habits, attentiveness, and sex philosophies. After considerable planning (it has invaded sex now as well as government) she carries out a "sex compatibility test" with Number 2, using Dr. R's technical guidance as to physical details such as prophylaxis and emotional details such as setting the marital hook. Love is defined, the emotions of courtship catalogued and placed in perspective. Treated also are the double standard (it is "passing" out), when "white lies" should be used, cultural differences and financial issues, marriage at last and its hygiene, how to hold your man, confession of pre-marital experience, temporary separation to settle quarrels, birth control and marital rights. These are the main topics but not all that are covered. Incidentally, Marian slept with Number 2, experimentally, but (*mirabile dictu*) married Number 3! Reading this "story" is as exciting as a French novel, the heroine as calculating as Becky Sharp in *Vanity Fair*, and with it all the most calm and judicious discussion of reasons for deliberately rejecting the accepted mores of polite society and religious discipline.

How does Mr. Frank acquit himself, apart from literary success? Since pastors ought to be reading and coming to grips with this book, they can make their own general assessment. The reviewer wants to say, however, that it should be taken with a grain of salt at all technical points. Examples of error are: his statement (p. 29) that temperament is due to environment, his poor typology of drinking patterns (pp. 43-47) and use of "chronic alcoholism" as if it were applicable to *excessive* drinking, his dated use of the term "subconscious" (p. 74) for the unconscious, his failure to see (pp. 77 and 84) that fear will not discourage extra-marital intercourse now that the new "sex technology" is available.

One cute trick is worth pointing out. The book must go through the mails. In some places contraceptive advice is illegal. Yet the book contains such advice, quite explicitly and instrumentally. How avoid the illegal? Well, "Fortunately, there is no legislation against giving instruction in the use of the *rubber prophylactic* as a preventive of venereal disease" (p. 101), and therefore "my instructions will be confined to such unprohibited information" — so reads his "letter" to Marian just before she "tests" her compatibility with Number 2, the slick young modernist who doesn't make the grade.

How widely is this book known? How are responsible counselors to regard it? Do many counselors follow the "line" it suggests? Is it used as a "collateral text" (as the author proposes) in college courtship-and-marriage courses? This is the most remarkable book on sex ethics and practice the reviewer has ever read. Bar none. It may well be a dramatic sign of the times. A "colloquium" of pastors, psychiatrists, social hygienists, sociologists and moralists ought to spend enough time together to evaluate it point by point. If it stands their



scrutiny, the "revolution" is here to stay. In the letter mentioned above, Mr. Frank says his book is "already placed in over 600 colleges, college libraries, and other educational institutions throughout the country."

JOSEPH FLETCHER

*Professor of Pastoral Theology  
Episcopal Theological School  
Cambridge, Massachusetts*

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**Managing Your Mind:** S. H. Krains and E. S. Thetford; Macmillan, New York, 1947. 374 pp. \$2.75.

The authors believe that man is a totality, not a dichotomy of mind and body, and functions as such; that it is possible for him, by taking thought and intelligent, directed effort, to change environmental pressures into ones less crippling for him and his fellows; and that by so doing he can live on a much higher level of personal health and happiness. The road to this goal is governed by objectivity and relaxed, appropriate, controlled, and channeled emotional attitudes and energy mobilizations and expenditures. The key is seen in balance and proportion, the cultivation of the golden mean, but a golden mean consonant with the situation and the problem to be faced.

Some of the more philosophic central chapters "read thin". The truisms which are expressed are old and have been better phrased. The final chapters again become more concrete and more suggestive to the lay reader or to those whose primary concern is helping individuals grow. One of the early chapters contains the simplest and most easily remembered description of the functioning of the two parts of the autonomic nervous system yet seen. The non-medically trained counselor will find the sections on symptom formation and psychologic mechanisms of defense of extreme interest and value. Many ministers will welcome the clear distinction between forgetting and repression, the lucid presentation of the precise nature of identification, its values and dangers, the stimulating underscoring of our still unbalanced attitude toward sex (chiefly showing itself now in over-evaluation and glib volubility), and will be able to make excellent use of the material on the development of self-reliance and courage and the task facing parents who seek to free their children while granting them the necessary guidance and protection.

INA MAY GREER

*Research Associate in Psychiatry  
Boston*

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**The Modern Parent and the Teaching Church:** Wesner Fallaw; Macmillan, New York, 1947. 228 pp. \$2.75.

Numerous books give helpful suggestion for improving our Sunday Schools. Dr. Fallaw's is one of these, but his concerns go much deeper than educational techniques. Chiefly he is pleading for a recognition that, for better for worse, "the home is more important as a religious teacher than the Church". The Church is to accept the parent as, educationally speaking, the major partner, supplying him with inspiration, direction, and technical help, and guiding the religious living of the family as a whole.

The author fully appreciates the valuable results accomplished by well-run public schools, and other community agencies. These the Christian educator can use and indeed requires, but beyond any beneficial values secured by them, there remain vital objectives which can only be achieved by the Church-Home combination. So hamstrung in the teaching Church, apart from intimate home partnership, that Dr. Fallaw hopes the time will come when "unless parents give *some* indication of working with the other teachers of their child, the family would not be admitted to the teaching church", though services of worship would still be open to them. Yet he is no mere theorist, for he readily admits that in practice haste must be made slowly toward the standard he has set up. His own rich personal experience affords abundant concrete illustrations and hints as to how progress in this direction can be made.

Clergy concerned with the relative ineffectualness of Sunday Schools, and seeking to combat the secularization of the home, will find here a challenging point of view, and something definite that can be done. The young adults, about to marry and become parents, are suggested as the most hopeful place to start. The stress laid on very early childhood influences is a valuable reminder of how much happens educationally long before formal schooling begins. A second rich, though difficult field for the Christian educator comes during the adolescent years, one of the chief characteristics of this period being a progressive emancipation from the home. Many present-day thinkers in this field, however much they may differ in other details, are at one in their renewed emphasis on the need of integrating the home more closely into whatever the teaching Church attempts. The much scorned Christian liberal is here given a program — both Christian and liberal — which he can enthusiastically espouse.

G. GARDNER MONKS

*Canon  
Washington Cathedral*

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**Ethics in Sex Conduct:** Clarence Leuba; Association Press, New York, 1948. 164 pp. \$2.50.

Students of the psychology of religion will remember the interest (and protest) aroused a quarter of a century ago by the work of James H. Leuba of Bryn Mawr, especially his opinion surveys on immortality and theism. The book under review was written by his son, chairman of the psychological counseling service at Antioch College. In some ways the son's viewpoint could produce protests too, except that this generation is more shock-proof.

The reader will find Professor Leuba (*filis*) an honest man, and honest men are perhaps just as hard to find in these days as in Diogenes'. Nothing lacks realism, cultural and psychological, any more than the typical patterns of sex "ideals" and standards taught under Christian auspices. Churchianity has calcified Christian opinion on sex ethics. Professor Leuba (who is evidently on guard against any false idealism) identifies himself sympathetically with young people against the "official" views given them.

He starts with the conviction that our social conditions today, which tend to postpone marriage long past the biological age for sexuality, make an *unfair* situation for youth. He further asserts that society no longer takes the old code seriously but expects young people to conform to it! Family discord and personal

tragedy result. The modern forms of inter-sexual association are very free, leading to fierce moral conflict. Yet the religious and social customs assumed in the old code are going or gone, leaving the official sex norms without any cultural base.

Chapters on premarital love and sex, sexual satisfaction, choice of mates, the uses and abuses of engagements, provide counselors with excellent material to sharpen their insights. Leuba is non-dogmatic, consistently. His treatment of the question (commonly discussed by young people) whether or not to confine intercourse to marriage is a model of honest discussion, although it may "upset" a good many parsons of the Anthony Trollope tradition.

Here is a book born out of much personal counseling and group discussion of sex ethics, tested in practice with one of the most liberal and creative student bodies in America. It deserves wide reading, deep consideration in pastoral circles.

JOSEPH FLETCHER

*Professor of Pastoral Theology  
Episcopal Theological School  
Cambridge, Massachusetts*

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**Towards Christian Marriage:** F. Barrie Flint; Lutterworth Press, London, 1948. 91 pp. 3s net.

In a foreword the Bishop of Southwark says, "He writes as the Vicar of a country parish in the Diocese and as the father of a large and happy family, and this personal experience provides him with a personal and understanding approach." Seldom in recent years has this reviewer seen a little book of less pretentiousness, more down-to-earth practical advice and reference to the every day facts of child care, simpler or more compelling Christian conviction. It is sane, godly, and heartening. Its thesis is that training for happy marriage and parenthood *begins at birth*: that good parents were first loved by wise parents. (We were honored to publish a letter from the author in this *Journal* for Fall, 1948.)

Mr. Flint understands the fundamentals of psychology and personality structure, so well (indeed) that he can avoid technical jargon entirely. The book is on every score a pleasure for counselors and a strong aid to young parents. Its value is great enough to justify some practical publisher in this country importing a good stock of copies. The bibliography could easily be altered to fit our American literature.

Apart from the parents' role in child development, emotionally, the author has a convincing set of reasons why School and Church are essential partners of the Home. The book is a good one for young people as well as adults. It calls a spade a spade, and more effectively suggests *verbal* devices to meet childish and youthful sex questions than any book known to this reviewer. Altogether, it is a gem of non-technical and popular treatment of sexual development, as it proceeds in the home and presents interpretative problems.

JOSEPH FLETCHER

*Professor of Pastoral Theology  
Episcopal Theological School  
Cambridge, Massachusetts*



**Winning Converts:** edited by Rev. John A. O'Brien; P. J. Kennedy and Sons, New York, 1948. 248 pp. \$3.00.

Although written expressly for Roman Catholics, this instructive book will be of interest to any religious person who is concerned with evangelism. It is the second such symposium published by Father O'Brien, his earlier volume, *The White Harvest*, having dealt with same subject.

In recent years there has been a renewed interest in recruiting members or adherents to the Roman Catholic Church, and this present volume offers 21 essays which deal comprehensively with many phases of the subject, including one chapter on "The Brooklyn Approach to Non-Catholics"! All but one of the contributors are priests, the exception being Clare Boothe Luce.

While "conversion" (as used in this book) actually means winning people for membership in one particular religious denomination rather than simply bringing about an allegiance to the Christian faith, nevertheless, the methods used are of considerable interest. The most successful strategy is a proper blend of kindness, interest, and patience. All contributors agree upon the importance of avoiding arguments. As Monsignor Sheen has aptly stated it, "Win an argument and lose a convert." Premature acceptance of would-be Catholics is also decried; a period of probation screens out the "half-hearted" from the sincere recruits. In the case of non-Catholic members of "mixed" marriages, emphasis should be placed upon *Christ's* teachings rather than the Church. The latter can be discussed later. The more successful priests have found the value of stressing *positive* aspects of Catholicism and avoiding any mention of restrictions.

The description of the work of trailer missions (Chapter 7) is of particular interest when one realizes that the rural areas have traditionally been Protestant strongholds. Likewise the program of winning Negro converts (Chapters 9 and 19) offers food for thought for all of us who are concerned with a more Christian approach to racial inequalities. The function of the Catholic Information Center is perhaps dealt with too briefly in view of the growing importance of that service and the zeal of its sponsors, the Paulist Fathers.

Father Navagh, in his chapter (16), "The Rural Apostolate", lists three groups which are particularly receptive to Catholic interest: (1) children; (2) the aged, sick and bereaved; and (3) the poor. Children are quick to respond to friendliness. The aged, sick and bereaved are soon "forgotten" by others, and the poor are always grateful for any thoughtful assistance.

The book is well illustrated, particularly with charts and successful advertisements. At times it makes "winning converts" sound too simple and easy, and one might wish that more reference had been made to failures and analyses of contributing factors.

ROLLIN J. FAIRBANKS

*Executive Director*  
*Institute of Pastoral Care*  
*Cambridge, Massachusetts*

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**Sublimation:** J. Trevor Davies; Macmillan, New York, 1947. 148 pp. \$1.75.

The Rev. Dr. Davies' thesis is: sublimation has been conceived too narrowly. It engages, not simply troubled energy, but the total man and all his capacities (p. 55). It must be not self-propelled but guided by a "self", be potentially a

conscious process, respond to external values (God), satisfy the individual fully, and be of service to the community. "Sublimation is the indispensable means of achieving full integration of personality . . . it is bound up with what the theologians call conversion and sanctification" (p. 61).

Dr. Davies over-loads sublimation, making it almost a religious vocation. It is not his psychology but his theology that is at fault, since he believes (p.116) we can all achieve the "perfectly adjusted moral personality" of Christ if we will but try hard enough. A theology that claims too much for man must produce an awkward psychology. After all, we are trying to acquit ourselves like men, not gods.

Sublimation as a technique for unsettled energy has at least the virtue of being a manageable conception, whereas Dr. Davies leaves this reader groping for something to hang on to. His defense of his position is sketchy; assertions are not explanations. He has not reasoned so well here, as he does in his survey of the pertinent authorities.

Yet if you are wondering where sublimation has wandered off to, these past years, this British book will stimulate your thinking. A useful synopsis before each chapter, and an adequate index, compensate for the graceless style of writing. One repeated error must be noted for American readers: "L. M. Lygon" should, of course, be our Ernest M. Lygon.

MAURICE G. FOULKES

*Rector*

*St. Philip's Church*

*Putnam, Connecticut*

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***An Evaluation of Non-Directive Psychotherapy:*** George A. Muench; Stanford University Press, 1947. 163 pp. \$2.00.

This monograph is a pioneering effort to use modern research methods and reliable objective techniques for the evaluation of the outcomes of counseling and psychotherapy, to improve adjustment through individually guided re-education. The specific concern is with the evaluation of the non-directive method of counseling developed by Carl R. Rogers of the University of Chicago and first presented in his *Counseling and Psychotherapy*, 1942. The specific results of the investigation are on the whole favorable to the method, but the small number of cases studied does not permit confident generalization beyond them. The principal interest of the monograph is in the methodology of the study. There can be no doubt that if we are to have more efficient as well as more readily teachable methods of counseling and reeducation, they will be the outcome of further application of the research orientation exemplified in this study.

STANLEY G. ESTES

*Psychological Clinic*

*Harvard University*

*Cambridge, Massachusetts*

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***Child Therapy — A Casework Symposium:*** Eleanor Clifton and Florence Hollis, editors; Family Service Association of America, New York, 1948. 217 pp. \$3.25.

*Child Therapy — a Casework Symposium* is a notable contribution to our literature on social case work with children. The editors' method of presenting

the case illustrations and discussion as a symposium from the several members of the staff of the Community Service Society of New York gives the reader the distinct feeling of sitting in on a stimulating conference.

The new thing which *Child Therapy* contributes to our thinking and practice is its description of the successful use of family case workers in the field of psychiatric therapy, working directly with the child in his natural environment. The delineation of the work done with "Peter Shea from Three to Fourteen" brings out in bold relief this sound new trend—psychotherapy with the child as a part of family case work in his own home. It is the belief of many case workers in both children's and family service agencies over the country that this application of the skills of the modern trained case worker to the problems of children in the natural setting of their own homes is due for much expansion in tomorrow's programs.

Readers of *Child Therapy* who are not case workers will be discouraged to discover that almost one-third of the book is taken up by the detailed presentation of one case (Chapter III). These same readers will gain special comfort in Miss Clifton's insistence on treatment in support of normal growth processes in Chapter II. The statement that "we have come to consider placement a last resort—a major operation" marks a timely halt to the overuse of the prescription "recommended for placement". This chapter is all too short.

To those of us who believe so earnestly that the modern parson must more and more use the strengths of the community case work agency, this book is recommended reading. It is admittedly technical, but it is clear and graphic. It will strengthen the bonds of cooperative endeavor between the two professions.

RALPH S. BARROW

*Executive Director*  
*Church Home Society*  
*Boston*

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***The Commonsense Psychiatry of Adolf Meyer:*** Alfred Lief; McGraw Hill, New York, 1948. 677 pp. \$6.50.

This book fills a long felt need for all persons who have tried to find the writings of Adolf Meyer or who wish to acquaint themselves with the development of American psychiatry. Few doubt the tremendous influence of Adolf Meyer upon American psychiatry, yet that influence has come about without any comprehensive document collecting together his thoughts and teachings. In this book Alfred Lief has compiled in an orderly fashion extracts of fifty-two representative papers by Dr. Meyer. They appear to cover all the important aspects of his psychological thought extending into the broad social areas where his attitudes have been so much felt.

It is this breadth of approach, so characteristic of the teachings of Adolf Meyer, which make this book important to teacher, minister, social worker as well as physician. A general discussion of personality development and mental illness is presented. In addition such topics are discussed as mental abnormality in children, "neurotic constitution", the mental hygiene movement, case work in social service, schools and mental health, birth control, eugenics research.



This book is of particular importance to the pastor for several reasons. In the first place the father of Adolf Meyer was a Zwinglian minister in a Swiss parish near Zurich. To the atmosphere of liberalism and reflection in which he was reared, Dr. Meyer appears to give much credit for his development of human understanding. He even arrives at a generalization about ministers' sons "... it could not have been mere chance — that of several psychiatrists especially interested in character, quite a number, like myself, are ministers' sons."

The chapter on organization of the community outlines community needs, public health, mental hygiene, education, etc. and points out the need for and methods of "the art of community building." This and the remainder of the section on Social Aspects (57 pp.) includes basic orientation useful to the pastor in understanding the social problems of his community and developing methods of dealing with them. In this section the importance of religion in character education is well presented.

As the work of Adolf Meyer spread out over the United States from the centers where he taught—Kankakee, Illinois; Worcester, Massachusetts; New York City; Baltimore, Maryland — through the active years of the 1890's until the present time, he was involved in much of the psychiatric development of America. This book can be read with profit as a history of American psychiatry.

The pastor who expects this to be either a primer or an advanced text of psychiatry will be disappointed. It presents a certain school of thought which has been called "Meyerian". Fortunately "Meyerian" psychobiology is broad enough in its prospectives to warrant the study of any student of man. It is, perhaps, of particular interest to the pastor because of its recognition of the many important social institutions outside of medicine. Unfortunately the book is not an easy one to read in spite of the excellent work of Alfred Lief in organizing the material in an interesting biographical narrative.

ROBERT W. HYDE, M.D.

*Assistant Director  
Boston Psychopathic Hospital*

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**Understandable Psychiatry:** Leland E. Hinsie, M.D.; Macmillan, New York, 1948. 359 pp. \$4.50.

This book joins the procession of books on psychiatry for the layman that have been written in recent years by some of our top ranking psychiatrists. Dr. Hinsie will be especially remembered for his understandable introduction to psychosomatic medicine: *The Person in the Body*, also written for the patient. The Preface to *Understandable Psychiatry* explains the reason for such books in these words: "Psychiatry cannot succeed as a treatment procedure until the treated person, with the physician's aid, comes to know as much about his or her personality as does the physician." (p. vi.)

The first nine chapters set forth the author's explanation of the relationship between feelings and sickness, emotional and physical pain, the conscious and unconscious mind, levels of emotional growth, types of personality, and types and sources of energy. The remaining chapters deal largely with a study of individual diagnostic groupings. Some chapters deal with such psychodynamics as anxiety, fear, obsessions and compulsions; other chapters discuss such mental disorders as schizophrenia, mania and melancholia, alcohol and other drugs.

Throughout the entire book frequent suggestions are made to physicians, parents, and patients on prophylactic and meliorative mental hygiene, largely from the conflict theory viewpoint. Although the author pays lip service to the possibility of mental and neurotic disturbances having part of their etiology in inherent constitutional anomalies, yet it seems that he goes all out for the conflict theory and definitely believes that these disturbances can be detected and prevented early in life by the alert physician and psychiatrically oriented and integrated parent. The descriptions of the onset of such disorders as schizophrenia and mania make interesting reading and throw much insight into the way they possibly arise and develop. It is to be questioned, however, whether enough research has been done to verify these hypotheses. The reviewer would like to believe that the author is right, but from an objective viewpoint would hesitate to go quite so far in the face of lack of research and evidence.

Although some of the book makes stimulating reading, and there are pertinent and thought-provoking suggestions for both parents and physicians, yet in some respects the book was difficult to read. It is feared considerable misunderstanding and even resistance will be in evidence on the part of the physician or parent who is not already rather thoroughly rooted and grounded in psychiatry. Confusion is likely to result from the mixture of descriptions of symptoms, causes, means of prevention, and cures or treatments. Better format and subdivision of topics would have made the book more readable and understandable.

MALCOLM B. BALLINGER

*Protestant Chaplain  
University Hospital  
Ann Arbor, Michigan*

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**What Is Psychoanalysis?:** Ernest Jones, M.D.; International Universities Press, New York, 1948. 126 pp. \$2.00.

This volume first appeared in 1929, under the title *Psychoanalysis*. The author frankly admits that there has been no change in his presentation, with the exception of the addition of a very brief chapter entitled "Addendum". The author is president of the International Psychoanalytical Association, founder of the International Journal of Psychoanalysis, and perhaps the foremost English psychoanalyst. Having worked intimately with Freud and his contemporaries, he is well qualified to define the nature and function of psychoanalysis.

This volume is a brief presentation of some of Sigmund Freud's basic concepts. It is very definitely simplified, and as such at times a rather confusing statement of orthodox Freudian psychoanalysis. It covers the history of psychoanalysis; shows it to be a method of medical treatment, a technique for investigating the deeper layers of the mind, and a body of special knowledge; and outlines the basic tenets of the discipline.

For the minister or student of religion, this little volume contains many suggestive and helpful leads that would bear careful investigation. These occur in the field of education; anthropology; sociology and politics; criminology and law; art and literature; mythology, fairy tales, folklore and superstition; and religion. It should be emphasized however that these are merely leads, and by no means to be considered exhaustive conclusions.

In all fairness to the pastor, or anyone seeking to obtain some understanding of the meaning of this new discipline, it should be pointed out that there are other emphases in present day psychoanalysis. Dr. Jones has outlined the basic principles, but he makes no attempt to clarify for the confused layman the varied and sometimes conflicting differences existing among the various schools of psychoanalysis. The reviewer feels that any volume bearing such a title can be considered adequate only if due consideration is given to the very significant and meaningful developments which are in some measure a departure from conservative and orthodox Freudian psychoanalysis.

ERNEST E. BRUDER

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*St. Elisabeths Hospital*  
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**To Your Health and Emotions Lady:** Margaret W. Metcalf; Women's Press, New York, 1948. 40 pp. \$.50.

This is an excellent pamphlet. The author points out that the changing role of women in the world today tends to cause confusion of purpose and makes life more difficult. It is possible to meet these conflicts and confusion in such a way that they stimulate rather than retard. The book explains how this can and should be done. It is short and readable and written with dignity and restraint. Every adolescent girl could profit by reading it, and many of their mothers could too.

G. DOUGLAS KRUMBHAAR, M.D.

*Massachusetts General Hospital*  
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**Nursing for the Future:** Esther L. Brown; Russell Sage Foundation, New York, 1948. 198 pp. \$2.00.

Dr. Brown is the Director of the Department of Studies in the Professions, Russell Sage Foundation, and is author of six earlier books published by the Foundation.

The future plans for extension of health services to all people of the nation indicate a broadening concept of the hospital as a community health center which assumes responsibility not only for the care of the sick but also for the positive approach to the preventive aspects of medical and nursing care. We may look forward to the fact that "the hospital is moving out into the larger community, the community is moving into the hospital." To meet the needs of the changing society, nursing education programs must be reoriented to prepare nurses to function satisfactorily not only to the patient but to themselves and the community. The professional nurse must be prepared to provide quality nursing care based on knowledge and understanding of human relationships, and to interpret the problems of individualized care to the professional workers in allied fields. The newer obstetrics and pediatrics, enriched by the contributions of the psychiatric specialists, have already begun to lay a foundation for not only improved mental health but improved care of patients of all ages.

Dr. Brown further discusses the differentiating factors between the preparation of the professional and non-professional nurse and stresses the importance



of providing a well-rounded integrated program for professional nurses through establishment of autonomous schools within universities and colleges.

This book should be read by all people, professional, non-professional, and the laity, since quality nursing care is a matter of concern to all; the people of the nation are the consumers.

The minister, priest, or rabbi should likewise be interested in the future plan for nursing since the nurse may in many instances call upon the clergy, as well as all other professional groups, for assistance in providing a plan of care which meets the complete needs of the patient as a member of a family and a community.

ELIZABETH J. HALL

*Professor  
School of Nursing  
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***Tutoring as Therapy:*** Grace Arthur; The Commonwealth Fund, New York, 1946. 125 pp. \$1.50.

Dr. Arthur is a psychologist, living in St. Paul, Minnesota. Her book is an account of individual teaching given to problem children in the first four grades of the lower schools of that city. The author starts with the assumption that "all learning starts with individual teaching. The knack of group learning is not easy to acquire."

Educators are familiar with the perennial problem of brilliant students who are able to outdistance the rest of a class, and of sluggish students who learn slowly and hold up the entire class.

Dr. Arthur and her co-workers tackled this problem in its initial stages. Class room instruction was supplemented by private tutoring; the method agreed upon after a Binet examination of the pupil and physiological and psychological study of the personality. In these private sessions allowance could be made for previously undiagnosed difficulties in sight and hearing. Emotional states, usually originating in the home and resulting in stubborn non-cooperation, were identified and dealt with accordingly. The book is largely a series of case histories, each unique and yet not unfamiliar. The tutor was usually able to bring the child abreast of his class and thus enable him to hold his place with his comrades.

The more immediate interest of these pages for the readers of this journal will lie in Dr. Arthur's discussion of the type of person best fitted for this exacting tutorial relationship. Men are apparently rather ineffectual. The best tutors in the St. Paul experiment were women: either students from teacher training colleges, or retired school teachers. The parish minister might well encourage older women, formally retired from the class room, to go on rendering valuable service to the community through this new relationship to the total task. Incidentally the St. Paul practice yielded a modest pay to the tutor, which would not be unwelcome to a person living on a meagre retirement allowance. Presumably Dr. Arthur would be glad to give more detailed information as to the ways, means, and remuneration for such work, if a correspondent should care to write to her.

WILLARD L. SPERRY

*Dean  
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Cambridge, Massachusetts*

**Psychology in Human Affairs:** edited by J. Stanley Gray; McGraw-Hill, New York, 1946. 646 pp. \$4.00.

The editor of this book, a professor of psychology at the University of Denver, emphasizes the "factual" and the "practical" aspects of his subject. He maintains that psychology is becoming objective and experimental — both prerequisite to scientific research. No longer is it a mere academic discipline; it is gaining significance in almost every field of human endeavor. In this classroom textbook, intended primarily for the beginning student, he attempts to give a bird's-eye view of the various applications of psychology in more than twenty different fields or areas of human affairs. The utilitarian role of psychology in business predominates; several chapters summarily treat of mental illness and clinical practice; the rest deals with miscellanea. Professor Gray has written approximately a third of this book himself; the remainder he assigned to others in his field.

The basic logic of this work assumes that psychology is the means by which human affairs can be "reduced to a meaningful status." The editor is a devotee of the statistical testing method of analyzing the human personality. His writers have filled their chapters with innumerable references to every known variety of psychological tests, which are generally accepted as absolute without noting their validity. Of course, this volume was compiled long before the guillotine fell on the public opinion experts in the recent election. Its authors would appear to think of man as a human automaton, mechanically conducting his affairs, perfectly susceptible to mechanical measurement. Pastors may find this book useful, primarily as a reference to the viewpoints of the statistical-behaviorist school of psychologists.

H. T. DOHRMAN

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**War, Politics, and Insanity:** C. S. Bluemel, M.D.; The World Press, Denver, 1948. 121 pp. \$2.00.

Dr. Bluemel is a practicing psychiatrist. He sets himself to answer the questions: why does a man become a politician? why does he wish to dominate the lives of other men? Is he a social asset or a social liability?

The author finds men, like the animals, divided into dominant and submissive types. There are aggressive goats and there are docile sheep.

The politician, who in the extreme form becomes the dictator, is a person marked by "an obsessive-compulsive reaction" to life. When this reaction is matched with an aggressive personality we get the "leader".

Of itself, "obsession" may be a social asset. All discoverers, pioneers, research workers, scientists, prophets, and reformers are of this type. They are men of single-mindedness who do not deviate from their steady purpose and who cannot be deterred from their dominant purpose. But when aggressiveness is added to this mentality they become liabilities. They override other men; they are vain, selfish, and often cruel. Yet the run-of-the-mill politician tends

to be of this type, and to degenerate or mature into the dictator. How is a democratic government to defend itself against the aggression of such persons?

Given democracy as it now operates in a country like our own, Dr. Bluemel sees little hope of avoiding or escaping from the dominance of such persons. Case histories of Gandhi, Stalin, Mussolini, Goering, Hitler, Joan of Arc, Napoleon, and George III are cited as extreme instances of "obsession-compulsion" plus "aggression". There is a conspicuous absence of names of persons nearer home!

Dr. Bluemel proposes a limitation of the franchise to persons who have a university education, who have been psychologically certified as free of manic-depressive moods and who are not aggressive. Citizenship is to begin at the age of forty. These "Senior Citizens" are to elect a National Council, which in turn shall choose a cabinet. These persons are to govern the country, which shall thus be safeguarded against politicians and statesmen of the too aggressive and compulsive types.

This pleasant Utopian prospect has a reminiscently Platonic suggestion. The only difficulty is that one cannot imagine the vast majority of the electorate, as it now is, disfranchising itself in order to usher in the better world.

WILLARD L. SPERRY

*Dean  
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## NOTES AND COMMENTS

The Mooseheart Laboratory for Child Research in cooperation with the University of Chicago sponsored a symposium on feelings and emotions October 28-30. Several interesting reports were made of psychological studies of both animal and human behavior. Abstracts of these reports have been mimeographed and are available from the Mooseheart Laboratory, Mooseheart, Ind.

The Michigan Pastors' Conference scheduled for January 17-19, at Ann Arbor, will offer a Discussion Group on Pastoral Counseling. Dr. Herbert T. Schmale, Dr. Raymond W. Waggoner, and Chaplain Malcolm B. Ballinger will be the lecturers.

Excellent pamphlets of a pastoral nature can be secured from the Department of Social Service, Diocese of Massachusetts, 1 Joy St., Boston 8. Send for a list.

It is anticipated that several institutional chaplaincy appointments will be available in California. Monthly compensation will vary from \$265 to \$325. Only clergymen with three or more years of full-time experience will be considered. Further information can be secured by writing to the Southern California Council of Protestant Churches, 3330 West Adams Blvd., Los Angeles 16, Calif.

There is a vacancy at the Norwich State Hospital, Chaplain Earl Mathewson having accepted a call to the First Congregational Church, Thomaston, Conn. Interested clergy should write to Rev. Martin Carlson, Bethesda Lutheran Church, State St., New Haven, Conn. Applicants must have had clinical pastoral training in a mental hospital in order to be considered.

A discussion group at the historic Christ Church, Christiana Hundred, Greenville, Maryland, has published four pamphlets containing exploratory questions aimed at self-examination, under the general title of *What Do You Think About Marriage?* The sub-titles are: "An Approach for Children"; "An Approach for Young People"; "An Approach for Those Engaged"; and "An Approach for Married People". The material has been assembled as the result of earnest prayer and thinking by this unusual group. The Rev. William Munds is rector. The booklets cost ten cents each. Stamps are acceptable.

A conference on "Protestant Strategy in Sex Education" is being held January 14 in New York under the auspices of three departments of the Federal Council of Churches: Christian Social Relations, Marriage and the Home, and Pastoral Services.

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